

Summer Youth Employment Application

Applications are due by 6/1/2023

This application must be signed by the applicant's parent or guardian. Please fill in or place a check mark (v) in the appropriate spaces to answer the following questions (use ink). Please return the application to: **Lewis County DET PO Box 193, Lowville, New York 13367. Phone (315) 376-5800 for questions. Certain eligibility criteria apply. Applicants must be age 14-20.** Eligible applicants will be scheduled for an informational session later to provide ID and work permit (for those under age 18).

Applicant Name:

Last

First

M.I.

Sex: Male Female Choose not to Disclose Self-Identify As: _____ Age: _____

Cell Phone #:

May we text you? Yes No

Alternate Phone #:

Email Address:

Mailing Address:

PO Box/House or Apt. # & Street

City

State

Zip Code

County

Number of people residing in your household: _____

Total Yearly Household Income: _____

How many hours are you looking to work this summer? 10-20 hours 20-30 hours 30+ hours

Employment Status

Are you currently working? Yes No (If yes, please complete the section below)

Employer Name: _____ Job Title: _____

Transportation

Does the applicant have a driver's license? Yes No

Does the applicant have a means of transportation between 7am and 5pm? Yes No

When is your transportation available? Check all that apply. Mornings Afternoons Weekends Other

Comments Concerning transportation: _____

Transportation Type: Vehicle/Ride Bus Other: _____

If the applicant is a male age 18 or older, is he registered for Selective Service? Yes No N/A

Education

Is the applicant currently enrolled in school/college? Yes Not in school

Name of school/college: _____ Grade Level: _____

If applicant did not complete high school, has the applicant obtained a **High School Equivalency Diploma (formerly known as a GED)**? Yes No

Is applicant currently attending any **Vocational Training** (i.e. BOCES, etc.)? YES NO

If yes, name of Program: _____

Do you plan to attend Summer School or Driver's Ed? Yes No

Has applicant ever participated in our programs before? Yes No

If yes, Name of Program: _____ Date(s) of participation: ____/____/____ to ____/____/____

Race/Ethnic Group: Native American or Alaskan Native Black or African American Asian Unknown
 Native Hawaiian or Pacific Islander Hispanic or Latino White

Does the applicant have a **limited** ability to speak English? Yes No

Disabilities/Accommodations

Do you have any disabling conditions that would impact your ability to engage in work activities? Yes No

Please describe your limitations:

Job Interests

To help the Summer Employment Program staff identify a summer job that will interest you, we are asking that you select **the three job titles** that interest you the most. These will be used to help guide the staff when they are selecting your job assignment. We cannot guarantee that the jobs you pick will be available, but we will try our best to match you to the type of activities for which you indicate an interest. **Write one (1) next to your first choice, two (2) next to your second choice & three (3) next to your third choice.**

- Public Works
 - Highway Department
 - Building Maintenance
 - Cleaning
- Grounds Keeper Aide
 - Cemetery
 - Golf Course
- Office Assistant
 - Data Entry
 - Finance
 - Business or Sales
 - Customer Service
 - Reception
- Manufacturing Aide (Must be 18 or older)
- Mechanic Aide
- Electrical Aide
- Environmental Conservation Aide
- Engineering/Construction Aide
- Cosmetology
- Animal Care
- IT Aide
- Child Care Aide
 - Recreation Aide
 - Daycare Aide
- Elderly Care Aide
- Librarian Aide
- Food Service Aide/ Kitchen Help
- Culinary/Restaurant
 - Cook
 - Waiter/ Waitress
- Retail
 - Cashier
 - Stocking
 - Customer Service
- Lifeguard (you must be certified)
- Dream Summer Job: _____

If there is a **particular job site** you would like to work, please specify it below. You may reach out to them to see if they would allow you to work there or we can contact them to see if they are interested in participating in the program. This can be a public, private or non-profit employer.

<i>Business/Agency Name</i>	<i>Contact Person</i>	<i>Phone Number</i>

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may have to provide documents to support this application. I allow release of this information for verification purposes and understand that it will be used only to determine eligibility for this Summer Youth Employment Program.

Signature of applicant: _____ **Date:** _____

Name of Parent/Guardian: _____ **Relationship to applicant:** _____

Signature of parent/guardian (if applicant is under age 18): _____ **Date:** _____

TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____
(Street) (Apartment Number)

_____ (City) _____ (State) _____ (Zip Code)

Social Security Number: _____ Date of Birth: _____
(Month, Day, Year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

Yes. If yes, go to Section Three.

No. If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

No, complete Item B, on page 2.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

SECTION FOUR Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ **Date:** _____

Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.