

# Summer Youth Employment Application

Applications are due by 6/1/2025

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

**Parent Phone #:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street

PO Box/House or Apt. # &

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** (ie. 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:**

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**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.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> County Offices<br>(Courthouse, Real Property,<br>Clerk’s Office, Human Resources) | <input type="checkbox"/> Cemetery<br><input type="checkbox"/> Golf Course | <input type="checkbox"/> Customer Service                  |
| <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Cosmetology                                      | <input type="checkbox"/> Child Care Aide (16+)             |
| <input type="checkbox"/> Finance   | <input type="checkbox"/> Animal Care                                      | <input type="checkbox"/> Elderly Care Aide (16+)           |
| <input type="checkbox"/> Business or Sales   | <input type="checkbox"/> Librarian Aide                                   | <input type="checkbox"/> Lifeguard 16+ (must be certified) |
| <input type="checkbox"/> Customer Service/ Reception   | Culinary/Restaurant   | Must be 18 or older Category:                              |
| <input type="checkbox"/> Recreation Aide   | <input type="checkbox"/> Cook   | <input type="checkbox"/> Highway Department                |
| <input type="checkbox"/> Building Maintenance  | <input type="checkbox"/> Server   | <input type="checkbox"/> Manufacturing Aide                |
| <input type="checkbox"/> Custodial/Cleaning  | <input type="checkbox"/> Food Service/Kitchen Help                        | <input type="checkbox"/> Mechanic Aide                     |
| <input type="checkbox"/> Environmental Conservation  | <input type="checkbox"/> Dishwashing/Bussing                              | <input type="checkbox"/> Engineering/Construction Aide     |
| Aide/Wetstone  | <input type="checkbox"/> Cashier  | <input type="checkbox"/> Recreation & Trails               |
| <input type="checkbox"/> Grounds Keeper Aide   | <input type="checkbox"/> Stocking   | <input type="checkbox"/> IT Aide                           |
|  |   | <input type="checkbox"/> Electrical Aide                   |

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.**