

Tracy VanVleck
Commissioner

COUNTY OF SENECA
DIVISION OF HUMAN SERVICES
1 DIPRONIO DRIVE
WATERLOO, NEW YORK 13165
315-539-1905
1-800-688-7188 Ext. 1905
Fax: 315-539-3857



Michael J. Whirtley, Director
John P. Vrabel, Deputy Director
Annie Mahoney, Deputy Director
Department of Workforce Development
& Youth Bureau

2020 Summer Youth Employment Program

Important Information Please Read!!!

Thank you for your interest in the Summer Youth Employment Program.

Please be aware that although we are anticipating our summer program, modifications may be necessary due to Covid-19. For those who submit applications you will be updated as additional details are available.

Currently, we are taking applications and making preparations for the program. The program will include up to two weeks of job readiness training, guest speakers, and field trips to prepare you for your summer employment.

Applicants determined eligible will be taken on a first come, first serve basis. **The sooner your completed application and all of your documentation is submitted, the more likely you will be selected for a summer position.**

Please:

Fill out the attached application **completely**.

Provide all required **documentation**.

Provide all required **signatures**.

Please have the guidance counselor at your school fill out the **Basic Skills Assessment form**. **You may turn it in with your application or the guidance counselor can fax the form to Annie Mahoney at 315.539.3857.**

You can obtain your **work permit** through the **Guidance Counselor's office at your school**. **Return** your completed application to **Seneca County Workforce Development & Youth Bureau Department at 1 DiPronio Drive, Waterloo, NY 13165.**

If you have questions, please call Annie Mahoney at 315-539-1791.

We look forward to the possibility of serving you in a successful and rewarding summer program.



Summer Youth Program Application

Revised 3/17

Thank you for your interest in the Youth Employment Program. Please provide copies of the following documents with your application so we can determine if you are eligible. If you are not yet 18 years of age, please make sure your parent or guardian also signs in all necessary places (which we have highlighted in gray for your convenience).

_____ Birth Certificate and Social Security Card

_____ Proof of address (such as driver's license or envelope mailed to you at your address)

If you receive any of the following services, you will not be required to provide income verification, but you will need to check which services you receive on the TANF Youth Services Application form included in this packet.

- Family Assistance/Safety Net
- SNAP (food stamps)
- Medicaid
- HEAP
- SSI

If you do not receive any of the services listed above you will be required to provide:

_____ Family Income received by family members and applicant. (Family must provide verification of all countable income in the **calendar month of application completed**. This includes income from parents, siblings and the applicant living in the household.)

Income documentation could include any of the following:

- ❖ Wages, salary and tips/paystubs
- ❖ Self-employment income (after business expenses)
- ❖ Social Security benefits
- ❖ Unemployment Compensation
- ❖ Workers' Compensation
- ❖ Supplemental Security Income (SSI)
- ❖ Interest payments
- ❖ Child support received
- ❖ Alimony received
- ❖ Other recurring income

_____ Proof of number in family (complete "**applicant statement**" signed by a NON-RELATIVE witness).

_____ Photo ID if 18 or over

_____ Original Work Permit if under 18 (**no copies please, permit must be green, blue or orange**)

_____ Report card **or** Basic Skills Assessment form if **in school**, **or** High School Diploma or HSE (aka GED)

_____ Selective Service Registration Acknowledgment Letter (for males 18 or over).

Please return this application and documentation as soon as possible to our office or your school guidance office so we can review it. We will contact you if there is missing information/documentation. You will be contacted for an interview when all paperwork is completed and returned to our office.

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.

Youth Program Addendum

1. If you are currently attending any type of school or classes, **including TASC (formerly GED)**, please complete the following:
Name/Location of School: _____
Name of Guidance Counselor or Instructor: _____
2. Were you ever convicted of a crime or been involved in any stage of the criminal justice system including PINS, Probation, or Pre-Trial Diversion: Yes No (Please check which one you were/are involved with)
3. Are you currently or have you previously received treatment/counseling for alcohol or substance abuse? Yes No
4. Are you currently or have you previously been in foster care? Yes No
5. Are you currently homeless? Yes No
6. Are you currently disabled? Yes No (Note: ADD and ADHD are disabilities)
7. Are you a custodial or non-custodial parent (do you have children of your own)? Yes No
8. Family Size: Please list all members of your (the applicant's) family who received at least 50% of their Support from the family household for any time during the preceding 26 weeks. Applicants who provide more than 50% of their own support and have no dependents in the family will be noted as a family of one.

Definition of Family: Two or more persons related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories:

A) Husband, wife and dependent children or B) A husband and wife or C) A parent or guardian and dependent children

Name	Age	Relationship	# of weeks have resided with family in last 26 weeks

9. Does your household receive: SNAP (Food Stamps) Cash Assistance HEAP
 SSI Medicaid

Signature and Date

FINGER LAKES WORKFORCE INVESTMENT AREA
STEPS IN RESOLVING WIA-RELATED COMPLAINTS/GRIEVANCES AND AFFIRMATIVE ACTION

Workforce Investment Act participants are entitled to the right of issuing and having resolved complaints relating to their participation in the programs offered under the Workforce Investment Act (WIA). All complaints/grievances must be filed within one (1) year of the alleged Workforce Investment Act related occurrence.

If you have a Workforce Investment Act-related COMPLAINT, here are the steps available:

I. Informal Conference

Immediately discuss any problems, complaints, etc., with your Workforce Development Specialist, Worksite Supervisor, Employer or Instructor. Typically most complaints are resolved through open discussions. If the type of complaint/grievance is of a nature that cannot be resolved in this stage, or if it was not informally resolved, then an Informal Resolution will be used.

II. Informal Resolution

At this stage, it is necessary that you obtain a form entitled "Notice of Complaint" (WIA 105.1) from your County Workforce Development Office or One Stop Center. Complete this form and return it to the County's Workforce Development or One Stop Center Program Complaints Resolution Officer.

The Equal Opportunity Officer will schedule an Informal Resolution Conference within five (5) days after receiving the Notice with you and other persons who the Equal Opportunity Officer believes should be present.

Within fifteen (15) days after the Informal Resolution Conference, the Equal Opportunity Officer will issue an Informal Resolution Conference Report (WIA 105.2) to all parties, which will include a section on the recommended disposition of the complaint/grievance.

III. Formal Hearing or Mediation

If any of the parties involved in an Informal Resolution Conference believe that the disposition of the complaint/grievance is not appropriate, they may request they may request that the complaint be resolved through mediation or they may continue with the Formal investigation. This request must be made in writing, and must be received within ten (10) days after receipt of the Informal Resolution Conference Report.

Within the ten (10) days after receipt of the request for Mediation or Formal investigation, the Finger Lakes Workforce Investment Board Equal Opportunity Officer will schedule Mediation or a Formal Hearing. Within sixty (60) days after, the Equal Opportunity Officer schedules mediation or the formal hearing, the Equal Opportunity Officer will issue his/her findings and recommendations for the complaint/grievance.

IV. Appeal

If you do not receive a decision within sixty (60) days of filing a complaint, or if any party believes that the findings and recommendations are unsatisfactory, they may appeal to the Governor and to the United States Department of Labor. Information relating to the procedures will be provided by the Finger Lakes Workforce Investment Board Office.

To identify your local Workforce Investment Act Equal Opportunity Officer, contact the Finger Lakes Workforce Investment Board, 41 Lewis Street, Suite 104, Geneva, New York 14456. The telephone number is (315) 789 - 3131.

AFFIRMATIVE ACTION

Workforce Investment Act participants are entitled to the right of issuing and having resolved complaints relating to matters involving equal opportunity/affirmative action. If you believe you have been discriminated against due to race, color, religion, sex, national origin, age, political affiliation or belief, citizenship or participation in Workforce Investment Act, you can file a complaint directly to the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue, Room H-4123, Washington D.C. 20210.

Complaints based upon disabilities will be addressed through the Workforce Investment Act Related Complaints/Grievance Procedure described above.

Affirmative Action Complaints must be filed within 180 days of the alleged occurrence.

I have been given a copy of the outline entitled "Steps in Resolving Workforce Investment Act-Related Complaints/Grievances".

SIGNATURE _____
DATE _____
WITNESS/TITLE _____

Finger Lakes Works Youth Employment Program

WORK EXPERIENCE SURVEY

NAME: _____ S.S. #: _____

1. In what towns or villages can you work? _____

2. What is your career interest? _____

3. Please indicate the type of work you would like to do. Please check at least two.

- | | | |
|--|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Work with Elderly | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Work with Computers |
| <input type="checkbox"/> Library | <input type="checkbox"/> Recreation Aide | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Farm work | <input type="checkbox"/> Retail / Customer Service |
| <input type="checkbox"/> Nursing Home Aide | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Laundry/Housekeeping Aide |
| <input type="checkbox"/> Work with Animals | <input type="checkbox"/> Outdoor Work | <input type="checkbox"/> Highway Department |
- Developmental Disabilities Aide (FLDDSO group homes) Other: _____

4. Do you have a driver's license? Yes No If No, do you have a permit? Yes No

5. How will you get to work? Walk Drive Family will drive Bus Other _____

6. Do you have any plans that will prevent you from working at certain times? Yes No

If yes, check the item that applies: Summer school Vacation Sports Other

Dates: _____

7. Do you have weekly appointments that may limit your work schedule (Probation, counseling, court etc.)?

Yes No If yes, what and when _____

8. Do you have any health conditions that will limit your ability to perform certain jobs? Any allergies?

Yes No If yes, please explain: _____

9. Are you or have you taken any vocational training, (for example: BOCES) such as (Keyboarding, Carpentry, etc.) If yes, please list the name of the course and date you started or finished.

10. Please list your after school/free time activities, sports, clubs, and hobbies.

11. Please list any special skills, honors, or certifications you have. (For example: CPR Certification, Lifeguard Certification, Babysitting Course, etc.) _____

12. Please list any Work Experience, paid, unpaid or volunteer experience (for examples: Babysitting, Yard work, etc.). _____

13. Computer Operation Skills: Internet MS Word MS Excel MS PowerPoint
MS Access MS Publisher Other programs: _____

14. Typing Skills: Yes No WPM _____

15. Why do you want to work? _____

16. Did you participate in this program last year? Yes No

If yes, would you like to return to the same worksite? Yes No

*If you have participated in our program before and want to do a certain type of work or work for certain companies, please list the information here and we will try to get you a placement there.

17. Additional comments: _____

Upon Completion of this application, please return to your local Workforce Development office:

Seneca County Workforce Development
1 DiPronio Dr., Waterloo, NY 13165

315-539-1905

Seneca County Workforce Development & Youth Bureau

Youth Employment Program

PHOTO RELEASE FORM

I, _____, authorize the Finger Lakes Works, Seneca County to record and use still photographs, video recordings and audio recordings of me for the Youth Employment Program.

Finger Lakes Works hereby has the right to use my name and county that I live in, and to use and modify photographs and any recordings of me for promotional purposes. I understand that I may be a part of promotional content in presentations, on the World Wide Web, on television, in brochures, and other mediums and that I may not receive monetary compensation.

The photographers, producers, county employees, Finger Lakes Works, and others involved in authorized productions are not liable for any issues of claims arising from use.

_____	_____ / ____ / ____
Name (print)	Signature Date
_____	_____ / ____ / ____
Parent/Guardian name (print) if under 18	Signature Date

FIELD TRIP / TRANSPORTATION PERMISSION SLIP

In order that the following youth, _____, may receive the employment and educational benefits derived from the attendance on all field trips, I hereby consent to his/her attendance under such conditions as may be prescribed by the program.

I understand that if the place to be visited is beyond walking distance, the youth will be transported by a staff member of the program or public transportation.

I give permission for my son/daughter/ward to be transported in a motor vehicle by a Finger Lakes Works Program staff member to Workshops, Orientations, Interviews and Other Program related appointments as necessary. My signature below authorizes the youth to participate in all field trips and be transported to and from these events.

_____	_____	_____ / ____ / ____
Parent/Guardian (print)	Signature	Date

Emergency Contacts

Your Name _____ Age _____

Address _____ Phone # _____

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Check One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Check One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Check One: Parent Friend Relative Other

Finger Lakes Works

Basic Skills Assessment Form



Workforce Opportunities • Workplace Solutions

Please complete the top portion even if unable to contact the school district.

CONFIDENTIAL

Student Name: _____ Date of Birth: _____

Address: _____

County of Residence: _____ School District: _____

TO BE COMPLETED BY PARENT/GUARDIAN UNLESS OVER 18 YEARS OLD

I, _____, authorize the school district noted above to provide the information that is being requested to the Seneca County Office of Workforce Development.

Signature (Parent/Guardian if under 18)

Date

The above office is granted permission to receive the following items:

- Report Cards
- IEP Plans
- Training Facility Records such as Vocational Education Programs
- Progress and Attendance Records
- Psychological Evaluations

TO BE COMPLETED BY SCHOOL DISTRICT

1. What grade is/was the youth attending? Grade _____
2. Based on standardized test scores, what is/was the youth's current grade level in:
Reading _____ Math _____
3. Is/was the youth currently/previously classified by the Committee for Special Education?
YES NO If yes, what is the classification: _____
4. Was the youth enrolled in a remediation program(s) during the current/last school year?
YES NO If yes, which program(s): _____
5. If youth is no longer attending school, last date of attendance was: _____
6. Other comments: _____

COMPLETED BY: _____ **DATE:** _____

Return to appropriate location:

Seneca County Workforce Development, 1 DiPronio Drive, Waterloo, NY 13165

Summer TANF Income Verification Form

This form must be completed, signed and submitted with copies of documents of income.

Family must provide verification of all countable income in the calendar month of application completed. This includes income from parents, siblings and the applicant living in the household.

Name	Age	Relationship	Gross Wages (before taxes are deducted)

Please note that countable income is defined as all earned and unearned income including but not limited to:

- Wages, salary and tips
- Self-Employment income (after business expenses)
- Social Security Benefits
- Public Assistance (Family Assistance, Safety Net Assistance)
- Unemployment Compensation
- Workers' Compensation
- Supplemental Security Income (SSI)
- Interests Payments
- Child Support Received
- Alimony Received
- Other Recurring income that is not excluded below

Do Not Include the following income:

- Earned income from a minor child
- Adoption and foster care payments
- One-time loans, gifts and other non-recurring income
- Child Care Subsidy Payments

_____, Signature	Total Gross Income: _____
_____, Date	Month & Year of Application: _____

Applicant Statement

I hereby certify, under penalty of perjury, that I _____,
age _____, live with the following individuals:

Name:

Age & Relationship:

I attest that the following stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties specified by law.

<hr/> <p>Applicant's Signature & Date (Parent if Under 18)</p> <hr/>	<hr/> <p>Corroborating Witness Signature</p> <hr/>
<hr/> <p>Applicants Address</p>	<hr/> <p>Date</p> <hr/>
	<hr/> <p>Witness Relationship to Applicant</p>

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain

OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following eligibility criteria:

Signature and Date of Certifying Official

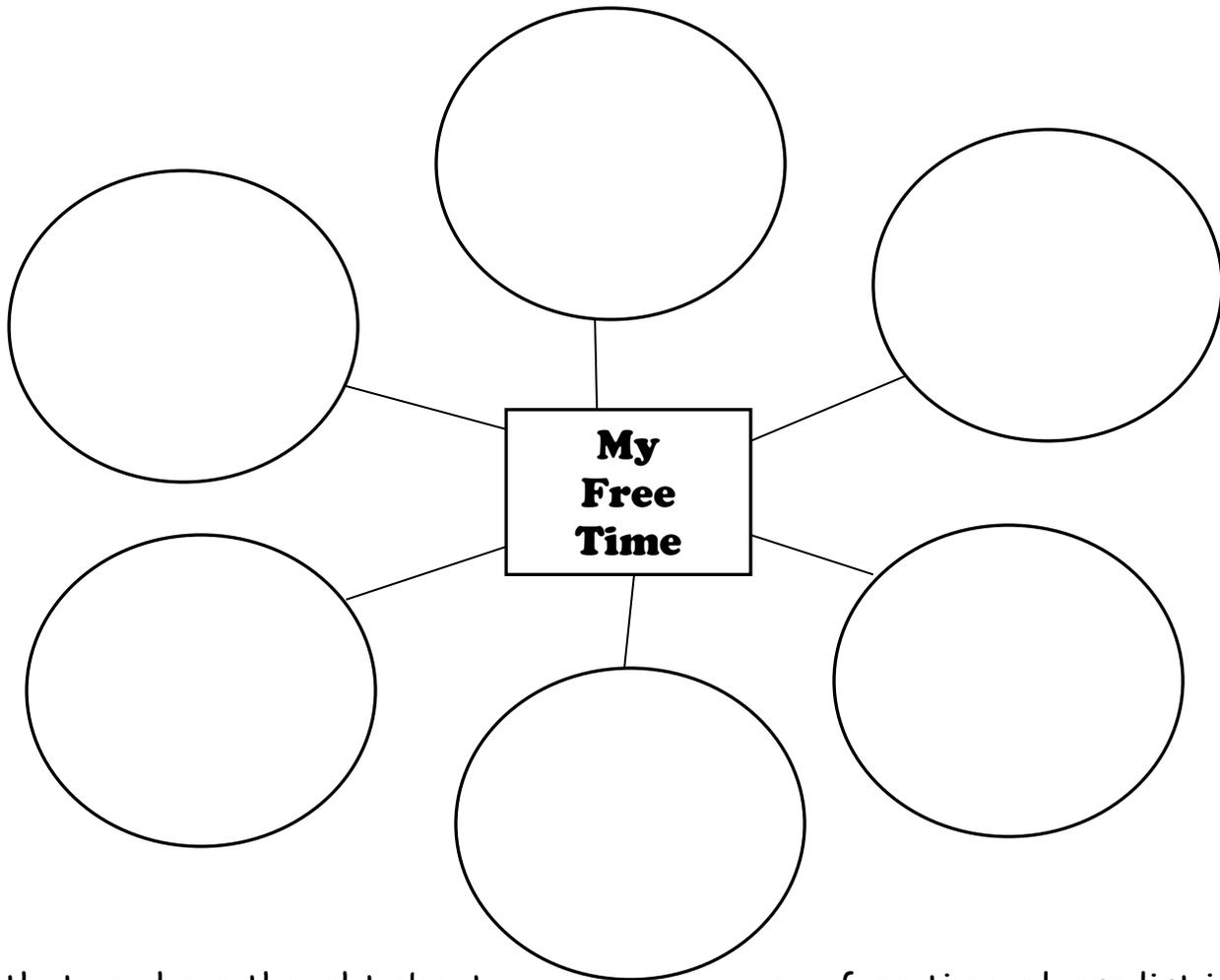
Name: _____

Career Interests

What you do in your free time may help shape your future career decisions.

Directions: Please take some time to think about what you do during your free time.

What activities do you enjoy? In the boxes below please list some of your hobbies and interests.



Now that you have thought about your free time, please list in order of importance your top three activities from above:

- 1)
- 2)
- 3)

T-Shirt Size

Name: _____

Small: _____

Medium: _____

Large: _____

XL: _____

XXL: _____

Other: _____