

Summer Youth Employment Program Application - 2010
 Niagara County Employment & Training
 Trott Access Center, 1001 Eleventh Street, Niagara Falls, New York 14301
 278-8148

Personal Information:

Name _____ Social Security # _____ DOB _____
 Address _____ Age _____
 Street City State Zip Code
 Phone Number _____ Message Number _____ Gender: Male _____ Female _____
 U.S Citizen: Yes No, but eligible to work in the United States:
 Reg. # _____ Expiration Date: _____

Educational Status: Are you attending school now? Yes No **If Yes, the School Official section on the back of this form must be completed by a School Official. If not completed, your application will not be considered for employment:**

If Yes, Name of School _____ Grade _____
 If No, Highest Grade Completed _____ GED: Yes No Year _____
 Certificates/Licenses: _____
 Computer Skills: _____

Employment Record:

Have you ever been employed? Yes No If Yes, List the Job Below:
 Business Name _____ Dates Worked _____ to _____
 Address _____
 Street City State Zip Code
 Job Title _____
 Job Duties (Include Tools & Machines Used) _____

 Reason for Leaving _____
 Still willing to accept employment in this field? Yes No If no, why not? _____

Please write a few sentences about why you are applying and how you think this program can help you.

Previous Participation in Youth Employment Programs

Summer Youth Employment Program (Year-round) Work Experience Program

Household & Income Information:

Does **ANY MEMBER** of your household, including yourself, receive any of the following?

Programs	Circle Yes or No	Please List Names
Welfare (TANF or Safety Net)	YES NO	
Food Stamps	YES NO	
SSI (Supplemental Security Income)	YES NO	
Medicaid	YES NO	
HEAP	YES NO	
Free/Reduced School Lunches	YES NO	

List full names of **all** people living in your household and their relationship (if any) to you. Please check each of the following forms of income that apply to anyone in your household **AND** give the gross income received from **each** for the **entire last six months**: Be as accurate as possible. All information is subject to verification by Employment & Training.

- Wages Social Security Benefits Veteran's Pension Veteran's Disability Unemployment Insurance Union Sub Pay
Worker's Compensation Child Support Alimony Net Rents Net Self Employment Other _____

Name	Age	Relationship	Income Source	6 Months Gross Wages

Niagara County Employment & Training is committed to providing service to individuals in accordance with Affirmative Action, Equal Employment Opportunity, and Americans with Disabilities Regulations. It is our intent and assurance that no person shall be discriminated against on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

The following voluntary information is being requested for statistical purposes and to determine any special needs:

Disability: Physical Learning Other _____ Pregnant or Parenting Teen

Any Special Needs or Required Accommodations? Yes No

If Yes, Please Explain _____

Foster Child Homeless or Runaway Offender (history of arrest or conviction for a crime) History of Drug/Alcohol Abuse Yes No

White/Non Hispanic Black/Non Hispanic Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Veteran Yes No Disabled Veteran

Applicant:

*I give permission for the **Niagara County Employment & Training Summer Youth Employment Program** to contact my school to obtain additional information including: report card, graduation information, IEP, etc. I give the Niagara County Employment & Training Department permission to verify my Selective Service Registration. I also give the Niagara County Employment & Training Department permission to verify my case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. I agree to allow for any pictures, my recorded image or voice to be used for promotional materials, and understand that I will not be compensated for them. All information is kept confidential. My signature below indicates that the information I have provided is true and correct to the best of my knowledge.*

Applicant Signature

Date

Parent/Guardian:

*I give permission for my child to participate in the **Niagara County Employment & Training Summer Youth Employment Program**, and for the program to contact my child's school to obtain additional information including: report card, graduation information, IEP, etc. and/or to conduct a background check, if necessary. I also give the Niagara County Employment & Training Department permission to verify my and/or child's case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. All information is kept confidential. Additionally, I agree to allow for any pictures, the recorded image or voice of my child to be used for promotional materials, and understand that neither I, nor my child will be compensated for them. My signature below indicates that the information I have provided is true and correct to the best of my knowledge.*

Parent/Guardian Signature

Date

*****This section must be completed by a School Official if youth is in school. If not completed, your application will not be considered for employment:**

This student has at least 90% attendance Yes No ***If no, what % is their attendance?*** _____
Has this student had any long-term suspensions this school year (longer than five days)? Yes No

School Official Signature

Title

Phone Number

Date