



SUMMER YOUTH EMPLOYMENT PROGRAM 2024

PLEASE READ THE INFORMATION BELOW

The Summer Youth Employment Program is funded by State and Federal grants and has eligibility requirements for participation

There are a limited number of summer employment positions available for Youth ages 14-20.

*****Completing an application and participating in an interview does NOT guarantee employment*****

- Attached please find the SYEP 2024 application. All applications must be fully completed and submitted in person (drop off only: 50 North St Monticello, NY) -or- email; syepinfo@sullivanny.us If applicant is under 18 a parent or legal guardian must sign the application in addition to the applicant.
- **Completed applications are due no later than: May 31, 2024 (applications submitted later will be placed on a wait list and not guaranteed an interview)**
- The tentative dates for SYEP 2024 are July 8, 2024 thru August 16, 2024. (must be willing to commit to all weeks/days of the program, SYEP does not have make up or vacation days)
- SYEP employment days & hours are: Monday thru Thursday 9am until 3pm. The end of year event on last Friday of the program August 16, 2024 is mandatory
- Summer school obligations preclude youth from participation
- Applicants will be required to interview. An interview will be scheduled by appointment only.
 - Dress appropriately for your interview (no ripped jeans, hoodies, slides etc)
 - In an interview, please be prepared to discuss; prior work experience (volunteer work &/or community service), type of work you're interested in and the means of transportation you will be using to get to and from the assigned job site
- At required interview appointment please bring the following **required** documentation (failure to provide/bring required documentation will interfere with job placement in SYEP):
 - If under 18 legal parent or guardian must come to interview appointment to sign required documents
 - Photo Identification (state issued &/or 2023-2024 student id &/or valid passport) (original)
 - Working Papers if Under age 18 (see your guidance office to obtain) (original)
 - Social Security Card (original)
 - Birth Certificate (original)
 - Additionally, please bring the following to your interview for eligibility requirements
 - Proof of Household Income for last 6 mo. (proof of PA/SNAP/HEAP/MA benefits, SSI or SSD award letter, official foster care letter)
 - Proof of Sullivan County year-round residency (PA/MA/FS/HEAP printout, utility bill, lease agreement, participant school record, tax bill etc)

If you have any questions please email: syepinfo@sullivanny.us or call 845-794-3340

**Youth Programming & Services
Sullivan County - Center for Workforce Development**

**Thank you for applying for a position with the Sullivan County Center for Workforce Development
Summer Youth Employment Program (SYEP) 2023**

**SULLIVAN COUNTY CENTER FOR WORKFORCE DEVELOPMENT
2024 SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION**



*Please **PRINT** clearly and complete all information that applies to you.*

BACKGROUND AND FAMILY

Full Name: _____ Age: _____

Physical Address (street, city, state, zip code): _____

Mailing Address (if different than above): _____

Telephone: Cell: _____ Home: _____ Other: _____

Date of Birth: _____ Gender: ___ E Mail Address: _____

Ethnicity/Race: ___White ___Black/African American ___Hispanic/Latino ___Asian
 ___Alaskan/American Indian ___Hawaiian/Pacific Islander ___Other

Are you a U.S. citizen? Yes ___ No ___

If no, are you authorized to work in the U.S.? Yes ___ No ___

If you are a male 18 years of age and older:

Have you registered for Selective Service? Yes ___ No ___

If yes, your Selective Service number is: _____

Do you live with: ___Your parent(s) ___On your own ___ Non-relatives ___Relatives

Are you a: ___Foster child ___Runaway ___Homeless

Starting with yourself, please list information for all people living in your household:

Name	Age	Relationship to You	Monthly Income	Source of Income

Education

Are you currently enrolled in school? Yes _____ No _____

If yes Name of School: _____ Current Grade Level: _____

Do you have an IEP (Individualized Education Plan)? Yes ___ No ___

Will you be attending Summer School? Yes ___ No ___ Unsure _____

If no: Did you graduate: Yes: _____ No _____

What year did you last attend? _____

Have you/are you attending vo-tech training classes? Yes ___ No ___

If yes what course of study: _____

Additional Participant Information

Will you commit to six weeks of employment during July and August? Yes ___ No ___

Have you participated in the Summer Youth Employment Program before? Yes ___ No ___

If yes; What year(s): _____ Assigned site: _____

Do you have a valid work permit? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

Do you have reliable transportation to get back and forth to work? Yes ___ No ___

What careers interest you? _____

Work/Volunteer/Community Service History

Please start with your most recent

Position: _____ Supervisor: _____

Where worked: _____ Telephone: _____

Address: _____

Start date: _____ End date: _____ Salary: \$ _____ per _____

Job duties: _____

Reason for leaving: _____

Position: _____ Supervisor: _____

Where worked: _____ Telephone: _____

Address: _____

Start date: _____ End date: _____ Salary: \$ _____ per _____

Job duties: _____

Reason for leaving: _____

Additional Household Financial Information

Please indicate if you, or any member of your household, receive the following (this information is asked due to eligibility requirements of SYEP)

Active Past 6 mos. Pending

Public Assistance: ___ ___ ___ Case number _____

Food Stamps: ___ ___ ___ Case number _____

Medicaid: ___ ___ ___ Case number _____

Unemployment Compensation: ___ No ___ Yes Monthly benefit: _____

Social Security Benefits: ___ No ___ Yes Monthly benefit: _____

Other income: Type of income: _____ Amount: _____

My signature below indicates that I have been informed of and understand the eligibility information provided on this application and certify that it is true, correct and subject to verification. I understand that falsification is grounds for termination from the Summer Youth Employment Program and may result in action to recover any monies paid while participating in the program. Furthermore, falsification of any information provided on this application is a Federal and State criminal offense and subject to penalty. I understand that I must attend regularly and be on time, maintaining satisfactory progress in work experience activity. As an active participant the WIOA, OTDA and/or TANF sponsored program, I have been advised of non-traditional employment, the grievance procedures, and civil rights rules and procedures as outlined in the Summer Youth Program application process and amendments. I authorize the Center for Workforce Development or its assignees to obtain information concerning this application. I understand that my identity will be kept confidential to the greatest extent possible.

(Applicant signature)

(Date)

With my signature below, I verify that I am the legal parent or guardian of the applicant on this form, and I hereby give permission for my child to participate in the Summer Youth Employment Program provided through OTDA and the Workforce Innovation and Opportunity Act

(Parent/Guardian signature)

(Date)

(CWD Staff signature)

(Date)

Sullivan County Center for Workforce Development is an Equal Opportunity, Affirmative Action service provider.



For office use only:
 Date application received: _____ Interview date & time: _____
 Contact attempts: _____
 Other Notes _____