



Youth & Young Adult Employment Programs Application

IMPORTANT INSTRUCTIONS – Read carefully. Failure to follow these instructions may result in your application being rejected.

- Complete All Required Fields: Incomplete applications will not be processed.
- Provide Active Contact Information: Ensure all phone numbers and email addresses provided are active and checked regularly.
- Parent/Guardian Signature: Applicants under 18 years of age must have a parent or legal guardian sign the application.
- Orientation Requirement: Eligible applicants must attend an orientation. If you are under 18, a parent or guardian must attend to sign required forms.

Orientation: A Coordinator will reach out and schedule an orientation session. You will need to bring the following documents with you on the day of orientation:

- Social Security Card or Birth Certificate (you will still need to know your Social Security number, even if you don't bring the card)
- Photo ID (Driver's License, Government-issued ID, School ID, or Passport)
- Proof of Total Family Income for the Past 6 Months (examples include):
 - Year-to-date pay stubs
 - Tax Form 1040 or 1040A
 - Proof of Public Assistance
 - SSI or SSD award letter
 - Official Foster Care letter
- Valid Working Papers (required for youth ages 14–17)

Ways To Submit Your Application:

- Email clothrop@jeffersoncountyny.gov or aworden@jeffersoncountyny.gov
- Mail or drop off your application here:

The WorkPlace
1000 Coffeen Street
Watertown, NY 13601
Attn: Youth Department

PLEASE NOTE: SUBMITTING AN APPLICATION AND ATTENDING ORIENTATION DOES NOT GUARANTEE PROGRAM PLACEMENT OR EMPLOYMENT.



1000 Coffeen St
Watertown, NY 13601
315-786-3651

A proud partner of the American Job Center network

5274 Outer Stowe St
Lowville, NY 13367
315-376-5800

YOUTH WORK EXPERIENCE PROGRAM APPLICATION

PLEASE PRINT LEGIBLY.

Please check the work experience program you are applying for: ☐ Year-Round ☐ Summer Only

Last Name: _____ First Name: _____ M.I. ____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different than above): _____

Phone: _____ Carrier: _____ Do you accept texts? ☐ Yes ☐ No

Email: _____ Preferred contact method: ☐ Email ☐ Phone ☐ Mail

Parent/Guardian Phone Number (if under 18): _____

Gender: _____ Race: _____ Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Are you a US Citizen? ☐ Yes ☐ No

If no, what is your immigration status? (See table on last page) _____

Please provide your INS Form Number: _____ Alien Registration Number: _____

Date of Entry into United States: _____

Are you registered with the US Military Selective Service? ☐ Yes ☐ No

(Only required if you were assigned male at birth and at least 18)

Are you currently enrolled in any of the following:

☐ Middle School ☐ High School ☐ GED ☐ BOCES/Vocational ☐ College ☐ None

If yes, which grade/level are you in or going into this fall? _____

Name of school: _____ Program/Subject Studied: _____

If not in school, do you have a high school diploma? ☐ Yes ☐ No

Do you have a disability? ☐ Yes ☐ No

If yes, how would you describe your disability?

*Note: **Diagnosed** depression, anxiety, or ADHD count as disabilities.

- | | |
|---|---|
| ☐ Physical or chronic health condition | ☐ Physical or mobility impairment |
| ☐ Learning disability | ☐ Mental or psychiatric disability |
| ☐ Cognitive or intellectual disability | ☐ Hearing-related disability |
| ☐ Vision-related disability | |

Are you a migrant/seasonal worker? ☐ Yes ☐ No

Did you serve in the United States Armed Forces? ☐ Yes ☐ No

If yes, which US military branch? _____ Dates of service: _____ to _____

Have you been or are you involved with the juvenile or adult justice system? ☐ Yes ☐ No

If yes, are you on probation or parole? ☐ Yes ☐ No

Name of Probation/Parole Officer (If Applicable) _____

Are you currently employed? ☐ Yes ☐ No

Have you ever worked before? ☐ Yes ☐ No

If yes, please fill in the information for your most recent employment:

Job Title: _____ Start Date: _____ End Date: _____

Employer: _____ Address: _____

Hours worked per week: _____ Hourly wage: _____

Reason for leaving: _____

Do you have a driver's license, driver's permit, or non-driver ID? ☐ Yes ☐ No

If yes, what is the ID number? _____ Type: _____

Do you have reliable transportation to and from work? ☐ Yes ☐ No

Describe transportation: _____

Report the gross income for every person who lives in your household. Include parents, step-parents, and siblings (including half-siblings) under 18, or 18 and still in high school. If you have a child, include your child, the child's other parent, and any of your child's siblings who live with you. Do not include anyone who does not live with you.

List all sources of gross income, such as wages, Social Security, public assistance, child support, alimony, and any other regular income. You do not need to include earned income for anyone under 18, but you must include any unearned income they receive.

Use the income sources listed below in itemizing the total family income:

- Gross wages ■ Unemployment Compensation ■ Retirement pension ■ Child Support/Alimony
- Military Wages (Base Pay) ■ Social Security Benefits (SSI, SSR, SSD) ■ Net Rental Income
- Veteran's Benefits (Disability, Pension) ■ Workman's Comp. ■ Net Self-Employment Income (Quart. Est. Tax)

Family Member(s)	Relationship	Age	Income Source/ Employer Name	Total to be received THIS MONTH	Total received for PAST 6 MONTHS	Total received for the PAST YEAR
	Applicant					

How many people total are in your household? _____

Are you eligible to receive free or reduced-price school lunches? (only applies to WIOA)

Answer "No" if your school provides free lunches to all students, regardless of income. ☐ Yes ☐ No

Are you or is anyone in your family currently receiving any Public Assistance? ☐ Yes ☐ No

If yes, check all that apply and enter the issue date:

- | | |
|--|-------------------|
| ☐ TANF (Temporary Assistance for Needy Families) | Issue date: _____ |
| ☐ Exhausting TANF within two years | Issue date: _____ |
| ☐ TANF Exhaustee | Issue date: _____ |
| ☐ SNAP (Food Stamps) | Issue date: _____ |
| ☐ SSI (Supplemental Security Income) | Issue date: _____ |
| ☐ SSDI (Social Security Disability Insurance) | Issue date: _____ |
| ☐ TA (Temporary Assistance, formerly GA) | Issue date: _____ |
| ☐ RCA (Refugee Cash Assistance) | Issue date: _____ |
| ☐ Safety Net/Home Relief | Issue date: _____ |
| ☐ HEAP | Issue date: _____ |
| ☐ Medicaid | Issue date: _____ |
| ☐ Other state or local income-based public assistance (such as WIC, Section 8, Childcare Assistance, etc.): _____ | Issue Date: _____ |

CHECK ANY OF THE FOLLOWING THAT APPLY:

- ☐ I feel I have cultural barriers to employment.
- ☐ I am a parent/I'm pregnant/I have a pregnant partner (also check if you are a non-custodial parent).
- ☐ I am homeless and/or a runaway.
- ☐ I am a foster child, or I have aged out of foster care.

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. If you disagree with any decisions we make regarding your eligibility to receive TANF or WIOA 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. 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.

Signature of applicant: _____ Date: _____

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

Signature of DSS Commissioner or applicant's designee if in foster care: _____

STAFF USE ONLY	The applicant is certified for TANF services: ☐ Yes ☐ No	Staff Initials/Date:
	The applicant is certified for WIOA services: ☐ Yes ☐ No	

Job Interests

To help staff identify a job that will interest you, please review the Job Descriptions listed below and rank them from 1-5 (1: **most** interested; 5: **least** interested). We cannot guarantee the jobs you pick will be available, but we will try our best to take your interests into consideration.

___PUBLIC WORKS AIDE: Indoor and outdoor laborer position. (not good if you have dust/pollen allergies)

___OFFICE AIDE: Duties could include computer data entry, filing, answering phones, operating office machines, and performing other office functions as requested.

___CHILDCARE AIDE: Workers must be responsible and enjoy working with young children. Would include indoor and outdoor activities, leading games, serving snacks, and may require cleanup of classroom areas.

___LIBRARIAN AIDE: Requires working in a local library. Workers may be responsible for answering phones, assisting patrons, participating in children's story hour/activities, and inventory control.

___FOOD SERVICE AIDE: Involves assisting with basic food preparation such as washing and cutting vegetables, making sandwiches, sanitizing utensils and dishes, packing and transporting meals within a facility.

IMMIGRATION STATUS NUMBER

(Only applicable if you answered No to "Are you a US Citizen?")

1	Refugee	8	Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)
2	Cuban/Haitian Entrants	9	Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children
3	Asylees	10	Conditional Entrant (Status granted to refugees before 1980)
4	Amerasian Immigrants	11	A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)
5	Deportation or Removal Withheld	12	Victim of Human Trafficking
6	Certain Hmong or Highland Laotian	13	Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)
7	Lawfully Admitted For Permanent Residence (LPR) <u>without</u> 40 Qualifying Quarters	14	North American Indian born in Canada
		15	Member of federally recognized tribe born outside U.S.