

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



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## YOUTH WORK EXPERIENCE PROGRAM APPLICATION

Applicants must be age 14-24 to apply. For applicants under age 18, **working papers are required.** Applications can be submitted at The WorkPlace, 1000 Coffeen Street, Watertown, NY 13601 or e-mailed to [aworden@jeffersoncountyny.gov](mailto:aworden@jeffersoncountyny.gov) or [jcomstock@jeffersoncountyny.gov](mailto:jcomstock@jeffersoncountyny.gov).

If you have any questions, please call 315-786-3671 (Amelia) or 315-786-3650 (Jon).

**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?

(Only required if you were assigned male at birth and at least 18) ☐ Yes ☐ No

Are you currently enrolled in any of the following:

☐ Middle School ☐ High School ☐ GED/TASC ☐ 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

Are you currently employed? ☐ Yes ☐ No

Do you have a disability? ☐ Yes ☐ No

If yes, how would you describe your disability?

\*Note: **Diagnosed** depression and/or anxiety fall under the mental or psychiatric disability option.

☐ 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) \_\_\_\_\_

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: \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

Please report the gross income for **EACH** family member who lives in your household. Family members include your parents, step-parents, and any siblings (including half-siblings) who are under 18 years old, or 18 and still in high school, along with those siblings' parents. If you have a child, include your child, the child's other parents, 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, including wages, Social Security benefits, public assistance, child support, alimony, and any other recurring income received by household members. You do NOT need to include earned income received by 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					

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:

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

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

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: \_\_\_\_\_

**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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials/Date:
	The applicant is certified for WIOA services: <input type="checkbox"/> Yes <input type="checkbox"/> 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.