



## **Summer Youth Employment Application**

**Are you eligible to apply for a summer job through the Youth Bureau?**

Are you,

- Between the ages of 14-20 years old
- Resident of Schuyler County
- Currently receiving any benefits (SNAP, TA, Medicaid, HEAP, SSI) or are income eligible
- Able to have reliable transportation to and from work
- Able to attend orientation and an additional training session

Submit your application to Schuyler County Human Services Complex **starting May 1<sup>st</sup>**.

All applicants will be required to provide current working papers, birth certificate, photo id (or report card), and an original social security card in order to be hired.

**If you have any questions, please contact the Schuyler County Youth Bureau at 607-535-6236**

# APPLICATION FOR EMPLOYMENT

## Schuyler County Civil Service

105 Ninth St., Unit 21, Watkins Glen, NY 14891  
(607) 535-8190 website www.schuylercounty.us



Submit an original signed application (not faxed or photocopied) to the Schuyler County Department of Social Services, Human Services Complex Building, 323 Owego St., Montour Falls, NY from 9:00 – 5:00 Monday – Friday. Call 535-6236 for information.

**Students must have current working papers, a birth certificate, a photo ID (or report card), and original social security card in order to be hired.** They must also be between the ages of 14-20 and be residents of Schuyler County.

*Please print clearly and answer all questions completely.*

<b>1. Position Title:</b> <b>Laborer—Summer Youth Program</b>
<b>Social Security Number:</b>

### 2. Name and Legal Address: Please give your complete name.

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box (Mailing Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 3. Parent Contact Information:

Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Phone Number \_\_\_\_\_

<b>4. Residence:</b> Fill in the names of the city or village, town, county, and school district of which you are <b>currently a legal resident</b> . Show how long you have continuously lived in each immediately preceding the date of this application.		<b>Name</b>	<b>Years</b>	<b>Months</b>
	City or Village			
	Town			
	County			
	School District			

**5. AFFIRMATION AND RELEASE:** I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury and that a material misstatement or fraud may disqualify me from appointment. I authorize the Personnel Officer of Schuyler County or his/her representatives to obtain from all persons, schools, companies, corporations, Department of Motor Vehicles, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and I further release all parties supplying said information from all liability and responsibility arising from their supplying said information. When required, I agree to take all physical examinations, drug screen testing, and finger imaging for background checks and authorize the release of these confidential examinations and test results to Schuyler County Civil Service and its representatives.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Schuyler County does not discriminate in employment on the basis of race, creed, color, religion, gender, sexual orientation, gender identity and or expression thereof, national origin, citizenship status, age, disability, marital status, or military status.

# 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.