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

The WorkPlace
Your Guiding Light To Employment Opportunities

A proud partner of the American Job Center network

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Lowville, NY 13367
315-376-5800

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 aerdem@co.jefferson.ny.us. If you have any questions, please call 315-786-3671.

PLEASE PRINT LEGIBLY

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 (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 registration status? _____
Please provide your INS Form Number: _____ and Alien Registration Number: _____

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
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?

☐ 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 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: _____

Please list **ALL** members of your family who reside in the household, their relationship to you and their age. Explain **all sources and amounts of income received by the family** for the current month, last 6 months, and last year. 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:
☐ 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: _____
☐ State or local income-based public assistance Issue date: _____
   (such as WIC, HEAP, Child Health Plus/Medicaid,
   Section 8, Childcare Assistance, etc.)

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 have been involved with the juvenile or adult justice system (this includes Probation).

☐ I am homeless and/or a runaway.

☐ I am a foster child, or I have aged out of foster care.

If applicable, Name of Probation/Parole Officer: _____

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information and the release of this application to DSS for verification purposes and understand that it will be used only to determine eligibility for this WIOA/TANF program.

Signature of applicant: _____ Date: _____

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

Signature of DSS Commissioner <u>or</u> 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 1-6 (1: **most** interested; 6: <u>least</u> 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 <u>must be responsible</u> 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

____RETAIL AIDE: Working in any type of store/shop/marketplace. May include stocking shelves, running the cash register, doing cart return, assisting customers.