



Saratoga County
DEPARTMENT OF EMPLOYMENT & TRAINING
Jenniffer McCloskey, Director

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Saratoga County
Summer Youth Employment Program

Summer Jobs 2022

IMPORTANT INFORMATION – PLEASE READ!

**THE SUMMER YOUTH EMPLOYMENT PROGRAM
(SYEP) IS AN INCOME BASED PROGRAM.
ELIGIBILITY IS BASED ON FAMILY INCOME.**

Pre-Application Priority Deadline is April 15, 2022

**Although we will accept applications after 04/15, priority is
given to those applications received by the deadline.**

Intake/interviews will begin in May but we might not reach your area until June.

Questions? Call or Text Katherine at 518-941-4614.

(Please keep this page for your records.)

A proud partner of the  American Job Center network

2022 Saratoga County Summer Youth Employment Program OVERVIEW

- **Income based** work experience program for Saratoga County youth residents 14-20 years old.
- Summer employment for approximately 8 weeks within the time window of: June 24, 2022 – September 30, 2022. Start dates will be determined based on program and worksite needs.
- Hiring rate is NYS minimum wage: \$15.00/hour for the 2022 program.
- May work up to 30 hours a week (some jobs or weeks may be less hours).
- Job matching considerations include: skills, interests, transportation and desired location.
- Types of jobs include: clerical/office assistant, laborer, customer service, grounds work, library page, cleaner and more!

Youth may qualify if they receive: **Medicaid – Supplemental Security Income -**

Or their family receives: **SNAP - Cash Public Assistance - HEAP**

Please return the attached application to the address indicated.

- We will begin contacting eligible candidates in May to continue the application process.
- If you are under 18 you must apply for your working papers now. Contact your school guidance office. You must have your original working papers when we call you for an interview to complete the application process.

NOTE! Funding for the Summer Youth Employment Program is always contingent on legislative action and budget inclusion. Any incentive programs will be subject to the availability of funds.

Pre-Application Priority Deadline is April 15, 2022

(Priority is given to applications received by 04/15/2022.)

You MUST fill out ALL sections of the application form to be considered.

Be sure to write neatly, especially phone numbers.

**Mail to address shown at the bottom of the last page of the Pre-Application
or email to: kraymond@saratogacountyny.gov**

(Please keep this page for your records.)

YOUTH PROGRAM PRE-APPLICATION

You MUST fill out ALL sections of the application form to be considered.

(PLEASE BE SURE TO WRITE NEATLY SO WE CAN READ EVERYTHING ON YOUR APPLICATION)

Today's date is: ____/____/2022

Full Name _____ Social Security Number ____/____/____

Address _____
(Street) (City) (Zip Code)

Town you live in if different from your address: _____

Your Home Phone #: _____ Your Cell Phone #: _____

Parent/Guardian Phone #: _____ Email: _____

Additional way to contact you (phone, email, fb messenger, etc): _____

Birth Date: ____/____/____ How old are you right now? ____ Gender: _____

If you are a male, 18 years old or older, have you registered with selective service? Yes ____ No ____

Is your parent or guardian a military veteran? Yes ____ No ____ If yes, check: Parent ____ Guardian ____

ELIGIBILITY QUESTIONNAIRE (ALL Questions MUST Be Answered To Be Considered!)

1) How many immediate* family members live in the youth applicant's home (incl. applicant)? _____

2) Does the youth applicant's family receive Food Stamps (in the last 6 months)? Yes ____ No ____

3) Does the youth applicant receive: Family Assistance/Safety Net? Yes ____ No ____

4) Does the youth applicant receive: free healthcare (Medicaid)? Yes ____ No ____

5) Does youth applicant's family receive: HEAP? Yes ____ No ____

6) Does the youth applicant receive: SSI? Yes ____ No ____

7) Is the youth applicant in foster care? Yes ____ No ____

8) Does the youth applicant have any physical, emotional or learning disabilities or an IEP? Y ____ N ____

If yes, does the youth applicant receive:

a) Medicaid Waiver: Yes ____ No ____

b) Supplemental Security Income: Yes ____ No ____

9) Has applicant ever been enrolled in this Summer Job Program? Yes _____ No _____

If yes, what year & where did they work?

10) What is the total FAMILY income (gross) of all members of the youth's immediate* family in the home for the past year or six months prior to this application?

(↓ YOU MUST FILL IN ONE OF THE OPTIONS BELOW ↓)

GROSS INCOME: ALL FAMILY MEMBERS PAST ONE YEAR: \$ _____

or

GROSS INCOME: ALL FAMILY MEMBERS PAST SIX (6) MONTHS: \$ _____

What are the sources of income? _____

Include the gross income (income before taxes and deductions) of each family member who lives with you. List all sources of family members gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member.

*** IMMEDIATE FAMILY MEMBERS CLARIFICATION:**

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.

EDUCATION RECORD

	School Name	Highest Grade Completed	Grade You Are In Right Now	Major
Jr. High School				
High School				
BOCES/ Tech School				

Do you plan to return to school in the Fall? ____ Yes ____ No

If yes, what grade will you be in? _____

Name of school: _____

EMPLOYMENT RECORD (Include all jobs / volunteer work you have. List most recent first.)

From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		
From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		

SKILLS:

What skills do you have? Examples: typing / computer skills, animal care, cleaning, landscaping.

Do you have any prior work experience or training? If yes, please describe skills used or learned.

Do you currently have another job or summer job lined up? Check one: Yes _____ No _____

Will you be able to get to a worksite? Yes _____ No _____

How will you get to a worksite? _____

If you could choose the kind of work you would most like to do your 1st and 2nd choices would be:

1st) _____ and 2nd) _____

INTEREST IN PROGRAM:

Please explain why you want to be enrolled in this program and what you hope to accomplish through this experience.

COMMUNITY INVOLVEMENT:

Please list any community organizations that you belong to such as scouts, school clubs, civic organizations, and school activities:

WORKING PAPERS / CARD (Student General Employment Certificate)

Working papers (card) are issued by your local school district guidance office.

If you are 14 or 15 years old you must have a BLUE Employment Certificate (work card).

If you are 16 or 17 years old you must have a GREEN Employment Certificate (work card).

Do you have a valid Employment Certificate (work card)? Yes _____ No _____

ETHNICITY INFORMATION (OPTIONAL)

CHECK ONE: WHITE _____ BLACK _____ HISPANIC _____ ASIAN _____

AMERICAN INDIAN _____ PACIFIC ISLANDER _____ OTHER _____

Where did you obtain this application? _____

CERTIFICATION:

I certify that the information on this application is correct to the best of my knowledge. I understand that submitting a Pre-Application in no way guarantees an interview or placement in a summer job.

Applicant's Signature

Date

PARENTAL/ STUDENT RELEASE:

The applicant is applying for employment and training services provided by Temporary Assistance for Needy Families (TANF) and/or the State of New York. I will be required to provide certain documentation for eligibility determination. I grant permission to Saratoga County Department of Employment & Training to release and obtain information regarding physical and/or mental disabilities and other pertinent information of a social or economic nature from my child's school and other appropriate agencies. This information will be used to determine program eligibility and appropriate services to be provided. I understand that all information will be treated as confidential and privileged.

I am a (check one): Parent _____ Legal Guardian _____

Relationship to applicant if guardian: _____

Name (PLEASE PRINT): _____

Parent/Guardian Signature

Date

(Required if applicant is under age 18 or lives at home)

Pre-Application Priority Deadline is April 15, 2022

**PLEASE RETURN THIS APPLICATION TO:
Saratoga County Department of Employment & Training
152 West High Street, Ballston Spa, NY 12020
Questions? Please call or text Katherine at 518-941-4614.**

Saratoga County is an Equal Opportunity/ Affirmative Action Employer
Auxiliary aids and services are available upon request to individuals with disabilities.