



Saratoga County  
DEPARTMENT OF EMPLOYMENT & TRAINING  
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## Saratoga County Summer Youth Employment Program

# Summer Jobs 2021

**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 23, 2021**

**Although we will accept applications after 04/23, 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 518-884-4170, ask for Katherine  
or  
Call or Text 518-941-4614

*(Please keep this page for your records.)*

A proud partner of the AmericanJobCenter network

# 2021 Saratoga County Summer Youth Employment Program OVERVIEW

- **Income based** work experience program for Saratoga County youth residents 14-20 years old.
- Summer employment from approximately June 28, 2021 to August 20, 2021. (Note: Dates are approximate, timeframe subject to change depending on funding and/or worksite placement.)
- Hiring rate is NYS minimum wage: \$12.50 hour.
- 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 23, 2021**

(Priority is given to applications received by 04/23/2021.)

**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 on the top and at the end of this form or email to:**

**[kraymond@saratogacountyny.gov](mailto: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: \_\_\_\_/\_\_\_\_/2021

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 SNAP/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 1<sup>st</sup> and 2<sup>nd</sup> choices would be:

1<sup>st</sup>) \_\_\_\_\_ and 2<sup>nd</sup>) \_\_\_\_\_

**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 23, 2021**

**PLEASE RETURN THIS APPLICATION TO:**

**Saratoga County Department of Employment & Training**

**152 West High Street, Ballston Spa, NY 12020**

**Or email to [kraymond@saratogacountyny.gov](mailto:kraymond@saratogacountyny.gov)**

**Questions? Please call 518-884-4170 / Katherine (Text 518-941-4614)**

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