



Summer Youth Employment Program

Eligibility Requirements

- Income based work experience program for Saratoga County youth residents 14-20 years old.
 - Youth may qualify if they or their family receives: Medicaid, Supplemental Security Income, SNAP, Cash Public Assistance, HEAP.
- If you are under 18 you must apply for your working papers now. Contact your school guidance office (14 & 15 have a blue work card – 16 & 17 have a green work card).

About the Program

- Summer employment is for approximately 8 weeks June 26th – August 31st 2023.
- Hiring rate is **\$15.00/hour**
- Work up to **30 hours/week**
- 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.

NOTE: Funding for the Program is always contingent on legislative action and budget inclusion. Any incentive programs will be subject to the availability of funds. Additionally, if deemed eligible for the program, youth will be required to provide ID documents (birth certificate, social security card, NYS ID/permit/license, etc.).

How to Apply

- Please return the attached application to the address indicated.
- You **MUST** fill out ALL sections of the application form to be considered.
- Be sure to write neatly, especially phone numbers.
- Ensure voicemail is set up and able to receive messages.

Deadlines

- Applications must be received by April 21, 2023.
- We will begin contacting eligible candidates in May to continue the application process.

Any questions, contact Kassandra Purcell
kmpurcell@saratogacountyny.gov
518-884-4904 direct office
518-941-4614 cell



Saratoga County Career Center

A proud partner of the AmericanJobCenter network

Summer Youth Employment Program

152 West High Street Ballston Spa, NY 12020

Phone: (518) 884-4170 Fax (518) 884-4262

Director - Jennifer McCloskey

Youth Counselor - Kassandra Purcell

Summer Youth Employment Program Application

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

Youth Information

Full Legal Name Birthdate

Preferred First Name Social Security Number

Current Age Gender Preferred Pronouns

Ethnicity, check all that apply

White Black Hispanic Asian Native American Pacific Islander Other Prefer to not answer

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

Address City Zip code

Do you live in a town different from mailing address? No Yes

Youth Cell Youth Email

Preferred contact Call Text Email

Where did you obtain this application?

Parent Information

Parent/Guardian Name Cell

Eligibility

Do you or members of the household receive any supportive services through the county? No Yes

Check ALL that apply SNAP HEAP Medicaid Medicaid Waiver SSI TANF Family Assistance/Safety Net Foster Care

Parent/Guardian, complete only if you don't receive supportive services from Saratoga County.

List all immediate family members of your household, including youth, and their gross income (income before taxes & deductions).

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.

TYPES OF INCOME

Wages, social security benefits, public assistance benefits, child support, alimony, etc.

Any questions regarding income, please contact the Career Center 518-884-4170.

Availability

Do you have a valid Employment Certificate (green/blue work card)? No Yes

Will you have reliable transportation? No Yes

Do you have any known summer commitments?

No Yes, what and when _____

Possibility of Summer School? No Yes

Mark days of the week you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Earliest arrival time _____ Latest Departure time _____

Youth Interests

What kind of jobs would you be interested in? (Check all that apply) Clerical/Office Laborer With youth
 Cleaning Library Museum Indoors Outdoors With animals Other _____

Select any skills/experiences you wish to gain this summer.

Financial

Learn to manage money/budget How to buy a car How to open a bank account All about credit
 Student Loans Financing College

Soft Skills

Time Management Communication Resolving workplace conflict Networking Teamwork Listening
 Creative thinking Work Ethic

Occupational Skills

Coding Clerical work (paperwork, answering phones) Landscaping Maintenance Computer Skills Food preparation Retail Food Service

Education

Are you currently enrolled in school?

No, last grade completed _____

Yes, Name of School _____ Current Grade _____

Do you have an IEP? No Yes

Are you enrolled at BOCES? No Yes, Program Name _____

Employment History

Have you ever been in the Summer Youth Program?

No Yes, When _____ Worksite Name _____

Have you ever worked/volunteered before? No, skip to next page Yes, complete work history below

Employer _____ Start Date _____

Address _____ End Date _____

Job Title _____ Wage _____ Hour Week Month Year

Reason for Leaving _____

Job Responsibilities _____

Employer _____ Start Date _____

Address _____ End Date _____

Job Title _____ Wage _____ Hour Week Month Year

Reason for Leaving _____

Job Responsibilities _____

Employer _____ Start Date _____

Address _____ End Date _____

Job Title _____ Wage _____ Hour Week Month Year

Reason for Leaving _____

Job Responsibilities _____

Certification

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

Applicant's Signature

Date

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 _____

Print Name

Parent/Guardian Signature

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

Date

Application Priority Deadline is April 21, 2023
PLEASE RETURN THIS APPLICATION BY MAIL OR E-MAIL TO:

kmpurcell@saratogacountyny.gov

Saratoga County Career Center
152 West High Street, Ballston Spa, NY 12020

Questions? Please call or text Kassie at (518) 941-4614.
Calls and text will be returned Monday – Friday 9 am – 4 pm

