



## 2023 SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)

The Summer Youth Employment program includes both paid workshops and employment opportunities for youth ages 14-20. The application, interviews, workshops, and work experiences are designed to mimic what young people can expect to experience when applying for and working a regular job.

**ALL APPLICANTS MUST FILL OUT THE TANF APPLICATION REGARDLESS OF INCOME. THE DUE DATE FOR FULLY COMPLETED APPLICATIONS AND DOCUMENTATION LISTED BELOW IS JUNE 9, 2023. PRIORITY IS GIVEN TO FULLY COMPLETED APPLICATIONS SUBMITTED ON TIME. NO EXCEPTIONS.**

The following must be submitted with the completed signed SYEP application and signed TANF application:

- If under 18 applications must include youth **and** parent signature
- Copy of letter from Department of Social Services stating approved benefits. i.e.: SNAP benefits, HEAP, Medicaid or cash benefits.
- **IF NOT** receiving DSS benefits, **please provide proof of monthly family income such as paystubs for all family members or SSI determination letter.**
- Copy of **Birth Certificate and Social Security Card**
- Copy of **Report Card** from this school year if in school
- Males over 18 – provide a copy of your selective service number
- **Original Valid Working Card** (BLUE CARD 14 & 15 years) (GREEN CARD 16 & 17 years)  
(Working Cards are issued by your local school district)

### **RETURN APPLICATIONS WITH SUPPORTING DOCUMENTATION TO EITHER OF THE FOLLOWING OFFICES BY JUNE 9, 2023:**

CDO WORKFORCE 21 Liberty Street Sidney, NY 13838 607-832-5776 – phone 607-832-6075 – fax	CDO WORKFORCE 1 Courthouse Square, Suite 3 Delhi, NY 13753 607-832-5777 – phone 607-832-6078 – fax	<b>PLEASE CONTACT US WITH ANY QUESTIONS, WE ARE HERE TO ASSIST WITH THE PROCESS.</b>
--	--	--

### **PLEASE DO NOT RETURN APPLICATIONS TO THE SCHOOLS!**

INTERVIEWS WILL BEGIN TO BE SCHEDULED MID-JUNE. PLEASE ARRIVE FOR YOUR INTERVIEW ON TIME AND IN PROPER ATTIRE. THE INTERVIEW WILL TAKE APPROXIMATELY 30 MINUTES.

**\*\*THERE ARE 2 MANDATORY TRAININGS TO PARTICIPATE IN THIS PROGRAM:**

**SEXUAL HARRASSMENT PREVENTION & FINANCIAL LITERACY TRAINING. THESE TWO TRAININGS MUST BE COMPLETED PRIOR TO STARTING AT YOUR WORKSITE**

INFORMATION ON HOW TO COMPLETE THE TRAININGS WILL BE GIVEN TO YOU AT YOUR INTERVIEW.

# DELAWARE COUNTY SUMMER YOUTH EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Youth Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\*\* If you are **NOT** 18 years of age you will be required to have working papers.

What is your work location preference? (Please name the village, city or town you would like to work in. Transportation is not provided to worksites.)

\_\_\_\_\_

## EDUCATION

	Name and Location	Years Attended	Area of Study or Degree
High School			
College or Trade School			
Certifications			

## WORK EXPERIENCE

Job Title: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street City State Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.**

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

\_\_\_\_\_  
Parent Signature if under 18 Date

Name: \_\_\_\_\_

Please Note: The information gathered for this survey is for reporting purposes only. Your answers to these questions will not decrease your chances of obtaining a spot in our program regardless of your answers. Delaware County CDO Workforce is an Equal Opportunity Employer.

Please circle one for each answer below:

What is your gender?	Male	Female	Non-Binary
Do you prefer indoor or outdoor work?	Indoor	Outdoor	
Do you have a disability? (this includes depression, anxiety, ADHD, and learning disabilities. If you have/had an IEP in school answer yes.	Yes	No	
Are you currently in foster care?	Yes	No	
Are you currently homeless or a runaway?	Yes	No	
Are you an offender? (This means were you ever arrested & convicted of something other than a minor traffic violation?)	Yes	No	

- What is your ethnicity? Please circle

White

Pacific Islander

Asian

Black

American Indian

Hispanic

Other \_\_\_\_\_

- Are you attending middle or high school, college, or a technical school this fall?

Circle yes if you are attending any of these or no if you have graduated and are not attending school this fall      Yes      No

- Circle any skills that you think you have:

Cleaning

Ride-on mower

Crafting

Gardening

Organizing

Filing

Childcare

Writing

Weed Eating

Microsoft Word

Cooking/Baking

Painting

Push Lawn Mower Excel

Customer Service

Heavy Lifting

Other: \_\_\_\_\_



21 Liberty St., Sidney, NY 13838 or 1 Courthouse Square, Suite 3, Delhi, NY 13753  
Sidney Phone (607) 832-5776 Fax: (607) 832-6075 Delhi Phone (607)-832-5777 Fax (607) 832-6078

### General Release Form

Name: \_\_\_\_\_

I hereby authorize the staff of the CDO Workforce Center to release or obtain from such agencies, individuals or employers as are concerned with my employment and/or training any and all information regarding my physical or mental condition, official school records, and other pertinent information or social or economic nature which is necessary to assist in evaluating my eligibility and need for services.

I am also aware that other partner agencies, which are all linked within this workforce investment system, may have access to certain information pertaining to my circumstances in order to provide more universal access to various programs that are available to me.

I understand that all such information will be treated as confidential and privileged; and used only for the purpose of effective my employment and/or training, except as necessary for the administration of the CDO Workforce Program.

### Media Release Permission

**Permission** given for my picture to be used for the purposes of media releases (Newspapers, Television, Slides, etc.) Circle one:      Yes                      No

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(if participant is less than 18 years of age)

\_\_\_\_\_  
Date

*The CDO Workforce provides services without regard to race, creed, color, gender, national origin, age or type of disability)*



Sidney Civic Center  
21 Liberty Street  
Sidney, NY 138383  
Phone: (607) 832-5776  
Fax: (607) 832-6075

1 Courthouse Square, Ste. 3  
Delhi, NY 13753  
Phone: (607) 832-5777  
Fax: (607) 832-6078

**MEDICAL RELEASE FORM**  
**(Everyone must fill this out. 18 years and older may sign themselves)**

Applicant \_\_\_\_\_

School (if applicable) \_\_\_\_\_

D.O.B. \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade going into: (if applicable) \_\_\_\_\_

**I. EMERGENCY INFORMATION**

I, the legal parent/guardian of \_\_\_\_\_, a CDO Workforce Youth Employment Program participant, do hereby agree that he/she may receive medical attention in the event an accident or illness occurs during work hours. I understand that the Delaware County Career Center, and the Workshop Investment Area, who are responsible for overseeing the Youth Program, are only responsible for valid Worker's Compensation claims that such claims are applicable only if the injury sustained on the job during the scheduled work hours where an accident report has been filed. If an accident occurs on the worksite, I further understand that the participant will be taken for treatment to a physician or the Emergency Room of the nearest hospital.

**Parent/Guardian or self (of over 18) Signature:** \_\_\_\_\_

Who should be contacted if a parent or guardian is not available? **VERY** important to fill out

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

**II. MEDICAL INFORMATION**

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Medications Taken \_\_\_\_\_ Dosage \_\_\_\_\_

What medical information should we know about? (allergies, seizures, special diets, needs, etc?)

Have there been any illnesses, operations, or accidents in the last year? Please explain.

**Participant Signature: (Parent Signature if under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_

# 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: \_\_\_\_\_

Allen 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.