



2010 Summer Youth Employment Program Application



Instructions

The Summer Youth Program offers internship experience, teaches valuable employment skills, and provides you with a summer income. Educational activities will enhance your summer experience, allowing you to develop career awareness, understanding of personal money management, and work-related social skills. Also, computer and green technology skills.

This opportunity is open to all Pasco and Hernando County residents between ages 16 through 21. Only **60** youth will be selected to participate. If you are a male 18 years of age or older, to be eligible to participate you must register with the Selective Service System (<http://www.sss.gov>).

Each participant may submit only one application.

To apply :

- Complete the attached application and return it to one of the following addresses listed below:

Spring Hill
 Career Central
 7361 Forest Oaks Blvd.
 Spring Hill, FL 34606
 (352) 200-3020

New Port Richey
 Career Central
 4440 Grand Blvd.
 New Port Richey, FL 34652
 (727) 484-3400

Zephyrhills
 Career Central
 6038 Gall Blvd
 Zephyrhills, FL 33542
 (813) 377-1300

The DEADLINE for submitting your application is Wednesday, **July 30th, 2010**.

Submission of an application does not guarantee eligibility or placement into the program.

- Completed applications will be reviewed in order to determine those participants who will be offered a position in a classroom or worksite setting. **Limited space is available.**
- Enrollment is subject to the verification of the information that you provide.

You must provide all required documentation at submission of application (see attached Required Document Checklist).

Failure to submit required documentation as instructed will make you ineligible to continue in the application process.

For more information or if you have any questions about completing this form or the required documents, please call your local Career Central at the above #. Ask for the Youth Connections program

Income Level Guidelines			
Family Unit Size	Income	Family Unit Size	Income
1	\$10,830	6	\$31,058
2	\$14,570	7	\$35,560
3	\$18,310	8	\$40,062
4	\$22,500	For each additional person in a family above eight, add \$4,502 per person	
5	\$26,556		



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SECTION A: APPLICANT INFORMATION Please print neatly using black/blue ink. Use check marks to indicate your responses to questions with boxes. Write "N/A" for any areas with an asterisk (*) that do not apply to your situation.

Were you a participant in last years SYEP program Yes No
Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ Date of Birth: ____/____/____ Age: _____ Gender (Check One):
Male: Female:

Street Address (No. and Street): _____ Apt. No. _____ Phone Number: _____
(____) _____

City/State*: _____ Zip Code*: _____ County*:
 Hernando Pasco

Citizenship Status* (check One)
 US Citizen Permanent Resident Alien Other
Race/Ethnicity: Black/Non-Hispanic American Indian Hawaiian/Pacific Islander Asian
 Hispanic/Latino Caucasian Bi/Multi Racial Other

Email*: _____

Name of Parent/Legal Guardian/Spouse*: _____ Emergency Contact Phone* #: _____ Relationship to participant*: _____
(____) _____

SECTION B: ADDITIONAL APPLICANT BACKGROUND INFORMATION

Are you pregnant or have any children? No Yes # of Children _____ Is English your second language? Yes No Are you registered with Selective Service? Yes No N/A

Are you homeless/living in a shelter? Yes No Are you currently a foster child? Yes No Previous or current Criminal Offender? Yes No

Do you have a disability? Yes No If yes, please attach any special accommodations you may need in the workplace.

Are you currently employed? Yes (Complete Question B1) No (Provide last day worked): ____/____/____ Never worked
Question B1 Rate of Pay: \$_____ Total Hours per Week: _____ Total # of Weeks Employed: _____

Are you the spouse or child of an active duty member of the U.S. Armed Services? Yes No

SECTION C: EDUCATIONAL INFORMATION

Are you currently: In School Out of School In Post Secondary School Summer school

Sec C1 IN SCHOOL YOUTH Current School Name: _____ Current Grade?: <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th Are you behind a grade level? <input type="checkbox"/> No <input type="checkbox"/> Yes – how far: <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs	Sec C2 OUT-OF-SCHOOL YOUTH STATUS: <input type="checkbox"/> Dropped Out <input type="checkbox"/> Have high school diploma <input type="checkbox"/> Have GED Indicate your highest grade completed: <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th Last School Attended: _____
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SECTION D: Eligibility – Definition of Family: Related by blood, marriage, or decree of court. This includes parent(s), guardian(s), and dependent children ONLY. Please check if you or your family receives any of the following:

Public Assistance: If so what type?

- Family Assistance (TANF) Food Stamps Safety Net/Home Relief Other _____
- SSI/SSD Unemployment General Assistance Transitional Need

Total number of family members in household _____

Total Family income (gross) for last 6 months: \$ _____
(See Income Guidelines on Page 1 of this document, Documentation required)

Does participant have transportation? Yes No

SECTION E: Areas of Interest (Required): Think about the following career pathways and select any three below that would be of interest to you.

Please note: Placement in your areas of interest are not guaranteed

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Arts/Theatre | <input type="checkbox"/> Childcare | <input type="checkbox"/> Health/Elder Care | <input type="checkbox"/> Office Work/Computers |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Construction/Architecture | <input type="checkbox"/> Library/Research | <input type="checkbox"/> Outdoor/Maintenance |
| <input type="checkbox"/> Communications and Media | <input type="checkbox"/> Food Service | <input type="checkbox"/> Manufacturing/Utilities | <input type="checkbox"/> Recreation/Day Camp |
| <input type="checkbox"/> Construction/Architecture | <input type="checkbox"/> Construction/Architecture | <input type="checkbox"/> Construction/Architecture | <input type="checkbox"/> Retail / Marketing |
| <input type="checkbox"/> Construction/Architecture | | | |

RELEASE OF INFORMATION

I hereby authorize all partners in the Pasco- Hernando Regional Workforce Board to engage in verbal, written, facsimile, or computerized communication of information for the purpose of making me eligible for services or for identifying services or agencies to assist me. All pertinent records and information can be released including those regarding past, present, or future information or records that may be needed for eligibility determination, monitoring or follow-up purposes. It is my understanding that any information obtained by any partner in the Pasco- Hernando Workforce Connection System will be held in strict confidence. I am aware that any information will be used in my best interest to provide ease of access to services.

ATTESTATION

I hereby certify, to the best of my knowledge, the information provided is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the Workforce program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local government or non-government job training agencies for performance tracking purposes.

DISCRIMINATION PROCEDURES

If you, as a Workforce Customer, feel that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, age, political affiliation or belief, citizenship or disability, you may file a discrimination complaint directly with Pasco- Hernando Workforce Connection's Equal Opportunity Officer (contact information listed below) or the Agency for Workforce Innovation (AWI), Office of General Counsel, Caldwell Building-Suite 150, 107 East Madison Street, Tallahassee, FL 32399-4128, within 180 days of the alleged occurrence. If dissatisfied with the local decision, you may appeal to the Agency for Workforce Innovation within 30 days of the decision, or 90 days from the filing of the complaint, whichever is earlier.

GRIEVANCE/COMPLAINT PROCEDURES

If you feel you have been adversely affected by a decision or action made by the Summer Youth Program and have discussed the matter with Paul Kendrick, District Manager, Henkels & McCoy, (813) 477-4784, you have the opportunity to appeal. After the opportunity for a hearing (within 60 days after formal filing), if you are dissatisfied, you may appeal to the Agency for Workforce Innovation (AWI), Office of General Counsel, Caldwell Building, Suite 150, 107 East Madison Street, Tallahassee, FL 32399-4128.

I certify that I have received a copy of and understand my rights and responsibilities as defined in this statement.

Participant Signature

Date

Participant Parent or Guardian

Date

Staff Signature

Date

Required Document Checklist

You will need to provide the following:

- A. A signed application for each participant. Youth under the age of 18 are required to have the signature of a parent or guardian. (Must have verification of guardianship if not birth parent)
- **Proof of Age and citizenship**
 - Birth Certificate (original or certified copy) **REQUIRED**
 - Driver' License / Non-Driver's License (FL. ID) - **REQUIRED**
 - Alien Registration Card
- B. **Proof of Social Security Number** – one of the following:
- Social Security Card
 - Social Security notification letter w/ participant's Social Security number on it
- C. **Proof of Residency** – one of the following:
- Driver's License / Non-Driver's License
 - Home utility bill
 - Current lease or rent receipt
 - Official mail from a Federal, State, County or City Agency
- D. **Proof of Income** - one of the following (must be dated within last 6 months):
- A benefit letter from Public Assistance, TANF, or DCF w/ participant's Social Security
 - Two (2) consecutive pay stubs showing name and gross income
 - Current Pension Award letter
 - Current SSI/SSA Award letter
 - Unemployment Benefit Document
 - If self employed, 2009 Tax Return including Schedule "C" or "E" (if receiving rental income)
- E. **Other Documents Required**, if Applicable:
- Selective Service Registration Card **OR** Selective Service online receipt (required for males 18 years of age or older). **REQUIRED**
 - Proof of Disability: Official documentation certifying disability status from a physician, ACS, School, HRA, Social Service Agency, or authorized entity.
 - Copy of High School Diploma or GED
 - Proof of guardianship