



EMPLOYMENT & TRAINING ADMINISTRATION

Stephen Knob
Director

Steven M. Neuhaus
County Executive

18 Seward Avenue, 1st Floor
Middletown, NY 10940

TEL: (845) 360-0329 • FAX: (845) 360-9303

Mary DeFreitas, Chair
Workforce Development Board

E-MAIL: eta@orangecountygov.com
www.orangecountygov.com

SUMMER YOUTH EMPLOYMENT PROGRAM 2021

PLEASE READ THE INFORMATION BELOW

Attached is an application for SYEP. All applications must be completed and returned **IN PERSON**, by **MAIL**, **FAX**, or **E-MAIL** to Michael Raymond (*see mailing address, e-mail, and fax number at the top of the page*).

- **Completing an application and participating in the intake interview does NOT guarantee employment. This is a first come first serve program.**
- The initial application process will close on Friday, April 23rd, 2021 (*you may not receive an interview if submitted after this date*).
- Summer program will tentatively run from Tuesday, July 6th through Friday, August 6th, 2021 (*no vacations*).
- Summer school obligations may preclude youth from participation.
- Salary is \$12.50 per hour for up to 30 hours per week.
- Foster Care, Public Assistance, Food Stamps, Medicaid, HEAP, and SSI/D recipients are encouraged to apply.
- Applicants will be advised of their SYEP intake interview through the mail in late April (*if you are under the age of 18, a parent or guardian will need to sign intake forms*).

• ELIGIBILITY REQUIREMENTS:

- **Family income being at or below 200% of poverty level**
- Resident of Orange County.
- Be the age of 14-20 years old by July 2nd, 2021.
- Eligible to work in the US and have proper identification.
- Submit all required documentation at the intake interview.
- Applicant **MUST** attend the SYEP Orientation in June if selected for employment.

*At the time of the youth's eligibility intake interview (which will be scheduled after we received the completed application) you **MUST** provide the following:*

- Social Security Card
- Photo ID (Driver's license, Government issued ID, School ID, Passport)
- Proof of birth date (Birth Certificate, Driver's license, passport)
- Citizenship / Eligible Alien Status (Birth Certificate, passport, permanent residence card)
- Total family income for the past 6 months (year-to-date pay stubs, tax form 1040/1040A, public assistance, SSI or SSD award letters, or an official foster care letter).
- Current working papers for youth 14-17. (14-15 years old is the Blue card / 16-17 years old is the Green card)
- Applicant's signature on the Application, Youth Agreement and Consent form. (Parent/guardian will need to sign forms if youth is under 18 years old. If submitted electronically, signatures will be collected at the time of your intake interview).

At the time of the intake interview, dress appropriately (NO ripped jeans, hoodies, flip flops, etc.).

Thank you for applying for a summer position with the Orange County's Summer Youth Employment Program (SYEP) 2021.

If you have any questions, please call

Michael Raymond, Youth Services Coordinator – (845) 360-0329



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Summer Youth Employment Program (SYEP) 2021

THE COMPLETION OF ALL FIELDS ARE MANDATORY: (Please print clearly, applications will be discarded if illegible)

PERSONAL DATA	Name (Last)		(First)	(Middle Initial)	Social Security #	
	Address (Mailing Address)			(City)	(State)	(ZIP)
	Cellular #		Alternate #		(County)	
	Date of Birth	Age	Email Address			
	Are you a U.S. Citizen? If no, are you authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose	
	Ethnic Group		<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Alaskan/American Indian		
			<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Asian/Pacific Islander		
			<input type="checkbox"/> Hispanic	<input type="checkbox"/> I choose not to disclose		
			<input type="checkbox"/> Other			
	Are you a:		Foster Child <input type="checkbox"/>	Runaway <input type="checkbox"/>	Homeless <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been in the County's summer youth employment program?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
EDUCATION	Please check one: <input type="checkbox"/> Attending School Grade: _____ (at time of application)					
	<input type="checkbox"/> Not in school Name of school you are attending: _____					
<input type="checkbox"/> Graduated (If you attend Newburgh Free Academy, please specify which NFA-Campus)						
JOB INTERESTS	Position or Type of Employment Desired. (Please describe employment interest below)					
	<input type="checkbox"/>	Working with computers				
	<input type="checkbox"/>	Working in an office (filing paperwork, answering phones)				
	<input type="checkbox"/>	Building projects/Outside yardwork				
	<input type="checkbox"/>	Working with children (camp counselor)				
	<input type="checkbox"/>	Child Care				
	<input type="checkbox"/>	Cooking and serving food				
	<input type="checkbox"/>	Other				
EMERGENCY CONTACT	A.) Parent/Guardian		Relationship			
	Telephone # (Home)		Telephone # (Cell)	Telephone # (Work):		
	B.) Parent/Guardian		Relationship			
	Telephone # (Home)		Telephone # (Cell)	Telephone # (Work):		
	Alternate Contact (If Parent/Guardian not available):		Telephone # (Home)	Telephone # (Cell)		
	Person's Authorized to Pick Child Up:					
A.)Name: Telephone #:		B.)Name: Telephone #:				
SIGNATURE	NOTE: NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, GENDER, DISABILITY, MARITAL STATUS, CRIMINAL RECORD, OR POLITICAL AFFILIATION.					
	SIGNATURE OF APPLICANT:		DATE:			
	I hereby swear that all the information provided is true to the best of my knowledge and that there is no intent to defraud. All information is subject to verification, and I understand that my participation may be subject to termination subsequent to enrollment if found ineligible.					
Office Use	<input type="checkbox"/> New Applicant <input type="checkbox"/> Returning Applicant		Counselor Signature:		Date Received:	

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

Please list any income of people who are living in household

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.

Parent/guardian MUST sign above if youth is under 18 years old
Youth 18-20 may sign otherwise



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Summer Youth Employment Program 2021 Youth Agreement and Consent Form

Youth Agreement:

I _____, understand that this program has been developed to offer
(Please print name of applicant)
youth valuable, paid, work experience. I understand that there are limited slots available, and that I am not guaranteed to work for the Summer Youth Employment Program. I understand that the tentative program start date is 7/6/2021 to 8/6/2021, and I will be able to provide consistent time commitment to this program. I also commit to have reliable transportation to get to and home.

Youth Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian must sign if youth
is under 18 years old.

Youth 18-20 may sign otherwise