



1000 Coffeen St
Watertown, NY 13601
315-786-3651

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Lowville, NY 13367
315-376-5800

YOUTH WORK EXPERIENCE PROGRAM APPLICATION

Applicants must be age 14-24 to apply. For applicants under age 18, **working papers are required.** Applications can be submitted at The WorkPlace, 1000 Coffeen Street, Watertown, NY 13601 or e-mailed to aerdem@co.jefferson.ny.us. If you have any questions, please call 315-786-3671.

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ M.I. ____ DOB: _____ Age: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different than above): _____

Phone: _____ Carrier: _____ Do you accept texts? Yes No

Email: _____ Preferred contact method: Email Phone Mail

Parent/Guardian Phone (if under 18): _____

Gender: _____ Race: _____ Ethnicity: Hispanic or Latino Not Hispanic or Latino

Are you a US Citizen? Yes No If no, what is your registration status? _____

Please provide your INS Form Number: _____ and Alien Registration Number: _____

Are you registered with the US Military Selective Service?

(Only required if you were assigned male at birth and at least 18) Yes No

Are you currently enrolled in any of the following:

Middle School High School GED/TASC BOCES/Vocational College

If yes, which grade/level are you in or going into this fall? _____

Name of school: _____ Program/Subject Studied: _____

If not in school, do you have a high school diploma? Yes No

Are you currently employed? Yes No

Do you have a disability? Yes No

If yes, how would you describe your disability?

Physical or chronic health condition

Learning disability

Cognitive or intellectual disability

Vision-related disability

Physical or mobility impairment

Mental or psychiatric disability

Hearing-related disability

Are you a migrant/seasonal worker? Yes No

Did you serve in the United States Armed Forces? Yes No

If yes, which US military branch? _____ Dates of service: _____ to _____

Have you ever worked before? Yes No

If yes, please fill in the information for your most recent employment:

Job Title: _____ Start Date: _____ End Date: _____

Employer: _____ Address: _____

Hours worked per week: _____ Hourly wage: _____

Reason for leaving: _____

Please list **ALL** members of your family who reside in the household, their relationship to you and their age. Explain **all sources and amounts of income received by the family** for the current month, last 6 months, and last year. Use the income sources listed below in itemizing the total family income:

- Gross wages ■ Unemployment Compensation ■ Retirement pension ■ Child Support/Alimony
- Military Wages (Base Pay) ■ Social Security Benefits (SSI, SSR, SSD) ■ Net Rental Income
- Veteran's Benefits (Disability, Pension) ■ Workman's Comp. ■ Net Self-Employment Income (Quart. Est. Tax)

Family Member(s)	Relationship	Age	Income Source/ Employer Name	Total to be received THIS MONTH	Total received for PAST 6 MONTHS	Total received for the PAST YEAR
	Applicant					

Are you or is anyone in your family currently receiving any Public Assistance?

Yes No

If yes, check all that apply and enter the issue date:

- TANF (Temporary Assistance for Needy Families) Issue date: _____
- Exhausting TANF within two years Issue date: _____
- TANF Exhaustee Issue date: _____
- SNAP (Food Stamps) Issue date: _____
- SSI (Supplemental Security Income) Issue date: _____
- SSDI (Social Security Disability Insurance) Issue date: _____
- TA (Temporary Assistance, formerly GA) Issue date: _____
- RCA (Refugee Cash Assistance) Issue date: _____
- Safety Net/Home Relief Issue date: _____
- State or local income-based public assistance Issue date: _____
(such as WIC, HEAP, Child Health Plus/Medicaid,
Section 8, Childcare Assistance, etc.)

Are you eligible to receive free or reduced-price school lunches? (only applies to WIOA)

Answer "No" if your school provides free lunches to all students, regardless of income. Yes No

Do you have a driver's license, driver's permit, or non-driver ID? Yes No

If yes, what is the ID number? _____ Type: _____

Do you have reliable transportation to and from work? Yes No

Describe transportation: _____

Check any of the following that apply:

- I feel I have cultural barriers to employment.
- I am a parent/I'm pregnant/I have a pregnant partner (also check if you are a non-custodial parent).
- I have been involved with the juvenile or adult justice system (this includes Probation).
- I am homeless and/or a runaway.
- I am a foster child, or I have aged out of foster care.

If applicable, Name of Probation/Parole Officer: _____

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information and the release of this application to DSS for verification purposes and understand that it will be used only to determine eligibility for this WIOA/TANF program.

Signature of applicant: _____ Date: _____

Signature of parent/guardian (if applicant is under age 18): _____

Signature of DSS Commissioner or applicant's designee if in foster care: _____

STAFF USE ONLY	The applicant is certified for TANF services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials/Date:
	The applicant is certified for WIOA services: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Interests

To help staff identify a job that will interest you, please review the Job Descriptions listed below and rank them from 1-6 (1: **most** interested; 6: **least** interested). We cannot guarantee the jobs you pick will be available, but we will try our best to take your interests into consideration.

___ PUBLIC WORKS AIDE: Indoor and outdoor laborer position. (not good if you have dust/pollen allergies)

___ OFFICE AIDE: Duties could include computer data entry, filing, answering phones, operating office machines, and performing other office functions as requested.

___ CHILDCARE AIDE: Workers must be responsible and enjoy working with young children. Would include indoor and outdoor activities, leading games, serving snacks, and may require cleanup of classroom areas.

___ LIBRARIAN AIDE: Requires working in a local library. Workers may be responsible for answering phones, assisting patrons, participating in children's story hour/activities, and inventory control.

___ FOOD SERVICE AIDE: Involves assisting with basic food preparation such as washing and cutting vegetables, making sandwiches, sanitizing utensils and dishes, packing and transporting meals within a facility

___ RETAIL AIDE: Working in any type of store/shop/marketplace. May include stocking shelves, running the cash register, doing cart return, assisting customers.