



Finger Lakes Works Youth Employment Program

Important Information Please Read!

Thank you for your interest in the Summer Youth Employment Program. You are taking the first step toward obtaining a summer job that will benefit you financially and professionally.

We hope to have a Summer Program as we have had in past years, however it is still uncertain as to whether there will be funding available. This means that **there may be far fewer or even no Summer Youth Jobs available this year.**

We are currently taking applications and making preparations for a summer jobs program in the event that we do receive funding. We encourage you to actively look for employment on your own through local employers in addition to applying through Finger Lakes Works.

Please:

- **Read** the attached application.
- Fill it out **completely**.
- **Return** it to your local Workforce Development Office (see page 10).
- Provide the required **documentation**.

Applicants determined eligible will be taken on a first come, first serve basis. The sooner all of your documentation is submitted, the more likely you will be to get a summer position **if they become available**. We will notify you when we have more information regarding the status of summer jobs.

You may find more information and updates regarding the summer jobs programs on the Finger Lakes Works Website at:
<http://www.fingerlakesworks.com/youth.php> .

We look forward to the possibility of serving you in a successful and rewarding summer program.



Finger Lakes Works Youth Program Application

Thank you for your interest in the Youth Employment Program. Please provide copies of the following documents with your application so we can determine if you are eligible. If you are not yet 18 years of age, please make sure your parent or guardian also signs in all necessary places (which we have highlighted in gray for your convenience).

_____ Birth Certificate and Social Security Card

_____ Proof of address (such as driver's license or envelope mailed to you at your address)

_____ Family Income received by family members in the last 26 weeks.

Unless:

- You have had an open Food Stamp case in the last 6 months. If so, no further documentation will be needed under this section. Please sign the income page.
- If you or your family has an open Public Assistance case, no further documentation will be needed under this section. Please sign the income page.

If you are **NOT** on Public Assistance or Food Stamps, documentation could include:

- ❖ Pay stubs with year to date total
- ❖ Copy of last year's 1040 Tax Form
- ❖ Unemployment insurance
- ❖ Social Security Income
- ❖ Self employment records
- ❖ Disability or workers compensation

_____ Proof of number in family and family status (Birth Certificates for each family member or complete "applicant statement" signed by a NON-RELATIVE).

_____ Photo ID if over 18

_____ Original Work Permit if under 18 (**no copies**)

_____ School ID or report card if in School, **or** High School Diploma/GED if graduated.

_____ Selective Service Registration Acknowledgment Letter (for males 18 or over).

Please return this application and documentation as soon as possible to our office or your school guidance office so we can review it. We will contact you if you are missing important verification information. You will be contacted for an interview if/when all paperwork is completed and returned to our office.



FINGER LAKES WORKS

Youth Program Application

Required items are indicated with asterisk * and bold type - Please print clearly

Date: _____

* 1. Social Security # _____ *2. Last Name _____ * 3. First Name _____ 4. M.I. _____

* 5. Street Address _____

* 6. City _____ *7. State _____ *8. Zip Code (**+4 not required**) _____

*9. County _____ 10. Country, if not US _____

11. Date of Birth ____/____/____ 12. Sex: Male Female

*13. Phone _____ 14. Alternate Phone _____
(____) _____ - _____ Ext. _____ (____) _____ - _____ Ext. _____

15. Fax _____ 16. E-Mail Address _____
(____) _____ - _____ Ext. _____ _____

*17. Are you a US Citizen? Yes No If not, are you authorized to work in the United States? Yes No

18. Ethnicity: Hispanic or Latino Not Hispanic or Latino

19. Race Alaskan/American Indian Asian (not Hispanic) Hawaiian/Pacific Islander
 White (not Hispanic) Black, or African American Other

Note: Question 18 and 19 above is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer

*20. Education (Circle or check highest level completed)
Grade: None 1 2 3 4 5 6 7 8 9 10 11 12 Disabled with Certificate/IEP GED HS Graduate
College:
 Some College Vocational Degree Associate Degree Bachelor's Degree Master's Degree Doctoral Degree

*21. Are you attending a secondary, vocational, technical or academic school full-time or if you are between terms, do you intend to return to school? Yes No

*22. How many weeks were you out of work in the last 26 weeks _____

*23. Are you currently employed: Yes No

24. Do you want your resume information to appear on the internet? Yes No
Should your resume be kept confidential? Yes No

25. Check here to indicate that you have been made aware of the provisions of the "Equal Opportunity is the Law" notice.

26. Are you or any member of your household receiving any public assistance? Yes No
(such as food stamps, cash benefits, SSI, etc)

If you answered yes to question 26 please indicate what public assistance you are receiving _____

Are you currently or have you previously been in Foster Care? Yes No

27. Are you a person with a disability? Yes No

NOTE: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.

*28. Are you a Migrant/Seasonal Worker? Yes No If Yes, check one of the following:

Migrant Farm Worker Migrant Food Processor Seasonal Farm Worker

Have you ever been convicted of a crime or been involved in the criminal justice system? Yes No

Are you currently or have you previously received treatment or counseling for alcohol or substance abuse? Yes No

*29. Are you a veteran? Yes No If yes, answer question 31.

Dates of Active Service ___/___/___ through ___/___/___

*30. Are you an Other Eligible spouse of a veteran? Yes No

Other Eligible: *The spouse of a person who a) was killed in action or who died of a service connected disability; b) is serving on active duty who is listed as 1. Missing in action, 2. Captured in the line of duty, or 3. Forcibly interned in the line of duty for a total of 90 days or more; c) has a permanent total service connected disability*

If you answered "No" to both 29 and 30, go to Item 32.

*31. Are you receiving compensation for a service-connected disability? Yes No If Yes, list % of disability ___

NOTE: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements and to determine program eligibility. You will not be penalized for refusal to answer.

32. Which kind of jobs are acceptable? Work Week: A. Any Full-time Part-time

Duration: B. Regular Regular or Temporary Temporary

33. Salary Required \$ _____ per Hour Day Week Month Year Unspecified Other

34. Date you are available for work ___/___/___

35. Which shifts are you willing to work? Any First Second Third Split Rotating

*36. How do you prefer to be contacted? (Check as many as apply)

Mail Primary Phone Alternate Phone Fax E-Mail

*37. Employment Objective / **Kinds of work wanted**) Job Title _____

*38. List most recent occupation(s) / job(s)

Job Title

Experience in this Job:

Years _____ Months _____

Years _____ Months _____

Years _____ Months _____

*39. I am willing to work within the following zip codes or states or countries: Choose either A, B, or C. You may enter up to 3.

Zip Code

States

Cities

A. 5 10 25 50 100 200 miles of zip code _____ B. _____ C. _____

5 10 25 50 100 200 miles of zip code _____

5 10 25 50 100 200 miles of zip code _____

NOTE: (Applies to A only) If you are receiving Unemployment Insurance, you may be required to travel one hour by private transportation, or 1 1/2 hours by public transportation.

40. Work History **If you have job experience, please put as much information in this section as possible to improve our chances of helping you find work.**

Complete all required items for each employer. Enter the most recent employment first.

A. *Job Title _____ *Employer _____

*Address _____ *Wage _____ per hr/wk/mo/yr/other

*City _____ *State _____ *Country, if not US _____

*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____

*Job Title _____ *Reason for Leaving _____

*Job Duties: _____

B. *Job Title _____ *Employer _____

*Address _____ *Wage _____ per hr/wk/mo/yr/other

*City _____ *State _____ *Country, if not US _____

*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____

*Job Title _____ *Reason for Leaving _____

*Job Duties: _____

C. *Job Title _____ *Employer _____

*Address _____ *Wage _____ per hr/wk/mo/yr/other

*City _____ *State _____ *Country, if not US _____

*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____

*Job Title _____ *Reason for Leaving _____

*Job Duties: _____

41. Do you have a driver's license?

Yes No

If you answered No, go directly to question 44.

Issuing State _____

What type of license do you have?

Class A (Tractor Trailer)

Class B (Truck/Bus)

Class C (Light Truck Com'l.)

Class Cn (C-non-CDL)

Class D (Operators)

Class E (Taxi)

Class M (Motorcycle)

Endorsements: Passenger Transport

Hazardous Materials

Tank Vehicles

Motorcycle

School Bus

Doubles/Triples

Tank Hazard

Air Brakes

42. Do you need public transportation to get to a job? Yes No

43. Do you own or have access to a vehicle? Yes No

44. Do you have an occupational license or certification? Yes No

If you answered No, go directly to question 45.

*Certification/License: _____ Issue Date: ___ / ___ / ___

*Issuing Organization or Locality: _____ State _____ *Country _____

Additional License/Certification: _____ Issue Date: ___ / ___ / ___

Issuing Organization or Locality: _____ State _____ Country _____

45. Do you have a degree, diploma or educational certificate? Yes No

If you answered No, go directly to item 46.

*Course of Study _____ *Degree _____ Date Completed (month/year) ___ / ___

*Issuing Institution _____ *State _____ *Country _____

Additional degree, diploma or educational certificate:

Course of Study _____ Degree _____ Completed (month/year) ___ / ___

Issuing Institution _____ State _____ Country _____

*46. Jobs Skills: List at least one.

Include skills and abilities that you used in your job(s) or that you acquired through school or training. For example, auto mechanic, carpentry, welding, typing, computer hardware/software, etc. Indicate any foreign languages in which you are fluent

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

47. List any honors you have received or outside activities you participate in: _____

I certify that the information on this application is true and has been provided without any intent to defraud. I acknowledge that I may have to provide documents to verify the information on this application. If I am found ineligible after enrollment, I will be subject to immediate termination. I authorize release of information in this application for verification purposes and understand that it will only be used to determine eligibility. I also certify that, if required, I have applied for registration under the military selective service act.

Are You a U.S. Citizen (circle one) 0 YES 0 NO (If Not are you eligible to work in the United States (circle one) 0 YES 0 NO

Males Only: I meet the requirements of Section 3 of Military Selective Act (circle one) 0 YES 0 NO

With this application I have received an orientation package. (circle one) 0 YES 0 NO (includes Equal Opportunity Law, Grievance Procedure, Affirmative action Policy)

I understand that if determined ineligible I have the right to appeal the determination.

Signature of Applicant: _____ Date: _____
Signature of Parent or Guardian if under 18: _____ Date: _____
COMMENTS:

OFFICAL USE ONLY

1. Eligibility Determination:

- A. Is the applicant Economically Disadvantaged? 0 Yes 0 No
B. Is the applicant eligible for enrollment in a WIA Program? 0 Yes 0 No
If no, list reason _____

C. Program Eligibility: (Check all that apply)

- WIA Adults (18 and older) WIA Youth (19-24) WIA Youth (14-18)
TANF Stimulus Other: _____

BY (Counselor Signature) _____ DATE: _____

2. Application Update Applicant Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

3. Enrollment 30-Day Review:

By: _____ Intake Forms Complete _____ Correct Determination
Title: _____ Internally Consistent _____ Incorrect, Verify Immediately
Date: _____

4. Verification: By: _____ Intake Forms Complete
Title: _____ Eligible
Date: _____ Ineligible Reason: _____

Citizenship/Alien Status _____ Selective Service Status _____ 5% Window _____
Birth Date/ Age _____ Social Security Number _____ School Status _____
Family Income _____ Number in Family _____ Public Assistance _____
Labor Force/UI _____ WIA Address _____

- Barriers/Hard-to-Serve Homeless School Dropout Foster Care
Basic Skills Deficient Pregnant/Parenting Poor work history Offender
Individual w/ disability At Risk Substance Abuse Below Grade level for age Runaway

Youth Program Addendum

1. If you are currently attending any type of school or classes, **including GED**, please complete the following:

Name/Location of School: _____

Name of Guidance Counselor or Instructor: _____

2. Were you ever convicted of a crime or been involved in any stage of the criminal justice system including PINS, Probation, or Pre-Trial Diversion: Yes No (Please check which one you were/are involved with)

3. Are you currently or have you previously received treatment/counseling for alcohol or substance abuse? Yes No

4. Are you currently or have you previously been in foster care? Yes No

5. Are you currently homeless? Yes No

6. Are you currently disabled? Yes No (Note: ADD and ADHD are disabilities)

7. Are you a custodial or non-custodial parent (do you have children of your own)? Yes No

8. Family Size: Please list all members of your (the applicant's) family who received at least 50% of their support from the family household for any time during the preceding 26 weeks. Applicants who provide more than 50% of their own support and have no dependents in the family will be noted as a family of one.

Definition of Family: Two or more persons related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories:

A) Husband, wife and dependent children or B) A husband and wife or C) A parent or guardian and dependent children

Name	Age	Relationship	# of weeks have resided with family in last 26 weeks

9. Does your household receive: Food Stamps Cash Assistance HEAP Free or Reduced Lunch
 SSI WIC Medicaid

10. Family Income: List wage information for all family members, including yourself, for the last 26 weeks. Please include child support paid or received and the frequency at which it is received (biweekly, monthly, etc.)

Member employed	Relationship	Employer/address	Dates	Total Gross Wages (before taxes are deducted) in the previous 6 months

_____ Signature and Date	Total Gross Wages: _____
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Finger Lakes Works Youth Employment Program

WORK EXPERIENCE SURVEY

NAME: _____ S.S. #: _____

1. In what towns or villages can you work? _____

2. What is your career interest? _____

3. Please indicate the type of work you would like to do. Please check at least two.

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Work with Elderly | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Work with Computers |
| <input type="checkbox"/> Library | <input type="checkbox"/> Recreation Aide | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Farm work | <input type="checkbox"/> Retail / Customer Service |
| <input type="checkbox"/> Nursing Home Aide | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Laundry/Housekeeping Aide |
| <input type="checkbox"/> Work with Animals | <input type="checkbox"/> Outdoor Work | <input type="checkbox"/> Highway Department |
| <input type="checkbox"/> Developmental Disabilities Aide (FLDDSO group homes) | | <input type="checkbox"/> Other: _____ |

4. Do you have a driver's license? Yes No If No, do you have a permit? Yes No

5. How will you get to work? Walk Drive Family will drive Bus Other _____

6. Do you have any plans that will prevent you from working at certain times? Yes No

If yes, circle the item that applies: *Summer school* *Vacation* *Sports* *Other*

Dates: _____

7. Do you have weekly appointments that may limit your work schedule (Probation, counseling, court etc.)?

Yes No If yes, what and when _____

8. Do you have any health problems that will limit your ability to perform certain jobs?

Yes No If yes, please explain: _____

9. Are you or have you taken any vocational training, (for example: BOCES) such as (Keyboarding, Carpentry, etc.) If yes, please list the name of the course and date you started or finished.

10. Please list your after school/free time activities, sports, clubs, and hobbies.

11. Please list any special skills, honors, or certifications you have. (For example: CPR Certification, Lifeguard Certification, Babysitting Course, etc.) _____

12. Please list any Work Experience, paid, unpaid or volunteer experience (for examples: Babysitting, Yard work, etc.). _____

13. Computer Operation Skills: Internet MS Word MS Excel MS PowerPoint
 MS Access MS Publisher Other programs: _____

14. Typing Skills: Yes No WPM _____

15. Why do you want to work? _____

16. Did you participate in this program last year? Yes No

If yes, would you like to return to the same worksite? Yes No

*If you have participated in our program before and want to do a certain type of work or work for certain companies, please list the information here and we will try to get you a placement there.

17. Additional comments: _____

Upon Completion of this application, please return to your local Workforce Development office:

Ontario County Workforce Development:	
3010 County Complex Dr., Canandaigua, NY 14424	585-396-4027
70 Elizabeth Blackwell St., Geneva, NY 14456	315-789-1771 x125
Seneca County Workforce Development	
1 DiPronio Dr., Waterloo, NY 13165	315-539-1905
Wayne County Workforce Development	
1519 Nye Rd., Lyons, NY 14489	315-946-7270
Yates County Workforce Development	
417 Liberty St., Suite 2021, Penn Yan, NY 14527	315-536-5140

Emergency Contacts

Your Name _____ Age _____

Address _____ Phone # _____

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Ontario County Multi-Agency Authorization to Release and Share Information

(Please review and follow instructions on back)

I, _____, hereby consent to and authorize Ontario County Workforce Development
(Name of person signing release)

and it's employees, including Terri Trickey and Lindsay Harris, to obtain from and share information about [] myself /

[] my child _____ born ___/___/___ with the following persons or agencies (check all that apply):

Medical Providers:

- Doctor _____
- Clifton Springs Hospital
- F.F. Thompson Hospital
- Geneva General Hospital
- Other: _____

Ontario County Agencies:

- ARC
- Dept. of Social Services
- Workforce Development
- Family Court
- Mental Health
- Probation
- Public Health

Substance Abuse Treatment Services:

- Clifton Springs Hospital
Addiction Recovery Program
- FLACRA
- Geneva General Hospital
Detoxification Unit
- Turnings - Ontario County
Substance Abuse Services
- VanDyke Alcohol Treatment
Center
- Other: FLCC
- BOCES

School: _____

[] **Police Agencies:** _____

Other Providers:

- BOIKE
- Family Counseling Services of the
Finger Lakes
- G.A.T.E.
- John D. Kelley Behavioral Clinic
- S.T.A.R.
- Happiness House - UCP
- Boys and Girls Club

THE INFORMATION TO BE DISCLOSED IS (All categories of records being released must be **initialed** by signatory.):

- _____ Presence in treatment/service (including admission and discharge dates).
- _____ Medical history and physical exam.
- _____ Biopsychosocial evaluation summary.
- _____ Psychological tests or projective assessments.
- _____ Diagnosis, recommendations, brief description of progress in treatment and prognosis.
- _____ Treatment and service plans, evaluations and diagnosis, discharge summary and progress reports.
- _____ Result of drug screens.
- _____ Progress Reports, Evaluations, Assessments, Attendance Records, Address and Phone number.

THE INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSES (Signatory's **initials** are required.):

- _____ To complete an evaluation.
- _____ To provide ongoing treatment/service efforts with my family/significant others/concerned persons.
- _____ To coordinate treatment/service with other treatment/service providers.
- _____ To make recommendations.
- _____ To enable judges and attorneys to support treatment goals.
- _____ To assist in employment and educational achievement.

NOTICE OF DISCLOSURE: Further disclosure by the recipient of any information obtained pursuant to this authorization is prohibited unless written permission for such disclosure is obtained from the person to whom it pertains. Substance abuse treatment records and individually identifiable health information are protected by Federal confidentiality rules (42 CFR Part 2 and 45 CFR Part 164 - HIPAA). A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate any alcohol or drug abuse patient. The recipient set forth above may make further disclosure of the released information to the following persons and/or agencies: _____

I understand that this authorization and consent is subject to revocation at any time by me except to the extent that the program that is to make the disclosure has already taken action in reliance upon it. If not previously revoked, this consent will terminate upon the following date or specific event: One year after completion of WIA / TANF services.

Signature of Person Authorizing Release of Information	Signature of Child if necessary (See instructions on back)
Signature of Agency Witness	Date

Instructions for Completing Ontario County Multi-Agency Release of Information

This release has been designed to allow you to obtain information from multiple agencies while complying with various laws and regulations governing the release of confidential records. It must be filled out completely and properly or the agency receiving it may consider it invalid.

1. Print full name of person signing the release.
2. Print name of agency requesting information.
3. Print name of employee/caseworker/therapist primarily interested in the information.
4. Check box labeled as "[] myself" if you are seeking information about the adult signing the release.
5. Check box labeled as "[] my child" and insert FULL name and birth date of child about whom you are seeking information.
6. Check boxes and/or fill in blanks for persons and agencies from which you want to obtain and share information.
7. Choose the type of information you are seeking or insert a specific description at "Other" and have the person signing the release initial each category. As an example, if you are seeking information about a child's academic performance, insert the name of the school above and at "Other" write in "*grades and academic standing.*"
8. Specify the reason you want the information either by choosing one of the categories or filling in the reason after "Other". Have the person signing the release initial the chosen categories.
9. You cannot share the information obtained with other persons or agencies unless those persons or agencies are specified in the release. Insert the names or a description of the other persons or agencies with which you want to further disclose the information. Example: If you are a DSS caseworker and the information is relevant to a matter that has been in or is going to Family Court, you should write in "*DSS attorney, Family Court, the child's Law Guardian and my attorney.*"
10. Insert specific date, including month, day and year, or other specific event upon which the release will expire. **DO NOT** insert the words "*until further notice*" or any other similar language. Instead, insert concrete events such as "*until DSS services have terminated*" or "*until successful completion of treatment/services*". You must be specific or the release will not be valid.
11. **Required Signatures:** Generally, to obtain information pertaining to a child less than 18 years of age, only the signature of the parent or guardian is necessary. The person requesting the release should always sign as a witness where shown. **Exceptions for Mental Health or Medical Information:** To obtain mental health information about a patient 16 years of age or older, only the patient must sign the release. To obtain mental health information about a child over 12 but less than 16, the signatures of a parent and the child are required. To obtain medical information about a child over 12, the child and the parent must sign.
12. **REVOCAION:** By law, this release must be revocable at any time by the signatory. When a signatory wants to revoke a release, have them write the word *REVOKED* across the face of the release and then have them sign and date it.
13. Maintain a copy of the release in your records.

For additional copies contact Ontario County Attorneys Office, 27 North Main St, Canandaigua NY 14424 (585) 396-4411

F:\SHARDOC\DSS.02\Release.form4.doc

Finger Lakes Works
Basic Skills Assessment Form



CONFIDENTIAL

Student Name: _____ Date of Birth: _____

Address: _____

County of Residence: _____ School District: _____

TO BE COMPLETED BY PARENT/GUARDIAN UNLESS OVER 18 YEARS OLD

I, _____, authorize the school district noted above to provide the information that is being requested to the Ontario County Office of Workforce Development.

Parent/Guardian Signature

Date

The above office is granted permission to receive the following items:

- Report Cards
- IEP Plans
- Training Facility Records such as Vocational Education Programs
- Progress and Attendance Records
- Psychological Evaluations

TO BE COMPLETED BY SCHOOL DISTRICT

1. What grade is/was the youth attending? Grade _____
2. Based on standardized test scores, what is/was the youth's current grade level in:
Reading _____ Math _____
3. Is/was the youth currently/previously classified by the Committee for Special Education?
YES NO If yes, what is the classification: _____
4. Was the youth enrolled in a remediation program(s) during the current/last school year?
YES NO If yes, which program(s): _____
If youth is no longer attending school, last date of attendance was: _____
5. Other comments: _____

COMPLETED BY: _____ **DATE:** _____

Return to appropriate location:

- Ontario County Workforce Development, 3010 County Complex Drive, Canandaigua, NY 14424
- Seneca County Workforce Development, 1 DiPronio Drive, Waterloo, NY 13165
- Wayne County Workforce Development, 1519 Nye Road, Lyons, NY 14489
- Yates County Workforce Development, 417 Liberty Street, Penn Yan, NY 14527