

ST. LAWRENCE COUNTY ONE-STOP CAREER CENTER
YOUTH OPPORTUNITIES
80 State Highway 310, Suite 8, Canton, NY 13617

RECRUITMENT INFORMATION

***This section should be filled out by the applicant.**

Please print in ink.

Date: _____

A. Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Gender: Male Female

Residential Address (911 address): _____
Street address City State Zip Code

Mailing Address **if different**: _____
P.O. Box City State Zip Code

County: St. Lawrence County Jefferson County Lewis County Franklin County

Telephone Number: _____ Alternate Telephone Number: _____

E-Mail Address: _____

Date of Birth: ____ / ____ / ____ Age _____

Have you ever been on the Youth Program in the past? Yes _____ No _____

What year(s)? _____

Are you a U.S. Citizen? Yes _____ No _____ If not, are you authorized to work in the U.S.? Yes _____ No _____

B. 1. If you are currently attending **high school**:

a. What grade will you complete by the end of the current school year? _____

b. Are you a **graduating** senior? Yes _____ No _____

c. School District where you are attending classes: _____

2. If you are currently attending a **BOCES Program**: Which Tech Center? _____

What curriculum? _____ When? AM _____ PM _____

3. If you are currently attending **college**:

a. What year will you complete at the end of the spring semester? _____

b. Name of college attending: _____

c. Will you be returning to college in the fall? Yes _____ No _____ If yes, where _____

4. If you did not complete high school, are you currently attending a **GED Program**? Yes _____ No _____

If yes, which **Access Center**? _____

When in high school, what was the highest grade level that you did complete? _____

5. Please circle if you have **completed** one of the following: **High School Graduate** **IEP Diploma** **GED**

C. 1. Do you plan to return to school in the future? Yes _____ No _____

2. If yes, where? _____

3. If no, what are your plans? _____

D. 1. Employment Objective/Kind of work wanted: **Job Title** _____

2. Job Skills: List at least one. (For example, carpentry, typing, child care, mechanical skills)

3. Do you have an occupational certificate or license? Yes _____ No _____
Certification/License: _____ Issue Date: _____

Issuing Organization or Locality: _____ State _____ Country _____

4. Are you currently employed? Yes _____ No _____

E. Please list your most recent or current employer:

<u>Start Date</u>	<u>End Date</u>	<u>Employer</u>	<u>Hourly Wage/ Salary</u>	<u>Job Title</u>	<u>Reason for Leaving</u>
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F. **ADDITIONAL INFORMATION:**

1. Do you have a driver's license? Yes _____ No _____ If yes what class? _____ Issuing State _____

2. Can you arrange transportation to and from work? Yes _____ No _____

3. I can travel (**Circle One**) 5, 10, 25, or 50 miles one way of zip code: _____

4. Are you a Migrant/Seasonal Worker? Yes _____ No _____ If yes, check one of the following:
Migrant Farm Worker _____ Migrant Food Processor _____ Seasonal Farm Worker _____

5. How do you prefer to be contacted? (**Check as many as apply**)
Mail _____ Primary Phone _____ Alternative Phone _____ Fax _____ E-Mail _____

G. **NOTE:** The following questions are 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.

Are you a person with a **disability (learning, physical, or emotional)**? Yes _____ No _____

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____ None Selected _____

Race: (**Check all that apply**)

White _____ American Indian or Alaskan Native _____
Asian _____ Hawaiian Native or other Pacific Islander _____
Black or African American _____

Are you a Veteran? Yes ___ No ___ If yes, provide dates of Active Service _____

If a Veteran:

Are you receiving compensation for a service-connected disability? Yes _____ No _____ if yes, list % of disability _____

*This section should be filled out with parent's or a legal guardian's assistance.

If you have any questions please call (315) 386-3276 and ask for Pam at ext. 3342 or Ruth at ext. 3341

H. **Family Members**

List the names of the people that live in your household related to you by **blood, marriage (including step-parent, half and step-siblings), adoption, or decree of court (legal guardianship)**. 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 *unless they are your legal guardian*.

NAME (FIRST, LAST)		RELATIONSHIP TO YOU
1		SELF
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2		
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3		
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4		
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5		
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6		
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7		
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8		
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EXAMPLES OF POSSIBLE FAMILY GROSS INCOME

➤ Wages, tips, salary, commissions, or fees before any deductions	➤ Alimony or Child Support Payments Received
➤ Self-Employment income (after business expenses)	➤ Public Assistance (Family Assistance, Safety-Net Assistance)
➤ Social Security Benefits (Retirement, Survivors, Disability)	➤ Dividends, interest income, Net rental income
➤ Worker's Compensation / State Disability Payments	➤ Periodic receipts from estates or trusts
➤ Private Pensions, Government Employee Pensions	➤ Net gambling or lottery winnings
➤ Military Retirement Pay / Veteran's Pensions	➤ College grants and loans (TAP, Pell Grant), Scholarships
➤ Supplemental Security Income (SSI)	➤ Any recurring income
➤ Unemployment Insurance	➤

Income of the applicant and the applicant's family members.

List below **only** the **family members** that are currently residing/or have resided in the household and have an income source(s) within the last 26 weeks. If a family member has more than one income resource then list that family member as many times as they have income resources.

Include information about his or her **GROSS INCOME (income before taxes and deductions)**.

The income resources may have changed during the last 26 weeks. For each income source, put the amount that was actually received within the last 26 weeks. (As of the date you filled out the application back 26 weeks)

NAME	INCOME SOURCE	AMOUNT RECEIVED (For the last 26 weeks)

* Are you (the applicant) receiving (**check all that apply**):

- Family Assistance
 Safety-Net Assistance
 Medicaid
 Food Stamps
 HEAP
 SSI
 (Supplemental Security

Income) *For any family member that is listed above as **living** in the household, does anyone currently pay child support in accordance with a

court order for children who **do not** reside in this household?

* This question is **not** for someone in the household that is **receiving** child support **only** if **paying out** child support.

YES If yes, name of family member(s) that does pay child support: _____

_____ How much does the family member(s) pay? _____

How often does the family member pay this amount (weekly, monthly, or yearly)?

NO

YOUTH REGISTRATION DOCUMENT LIST

PLEASE KEEP THIS SHEET FOR YOUR INFORMATION

The Workforce Investment Act is a federally funded program. **There are eligibility criteria based on family size and family income.** There is also the possibility of using TANF (Temporary Assistance for Needy Families) Funds. Each program has different definitions of family income and family size. Please bring as much information about your family's income so we can determine if you are eligible. For the TANF program, you may be eligible if you are currently receiving Public Assistance, Food Stamps, HEAP (Home Energy Assistance Program), Medicaid, Supplemental Security Income (SSI), or if you have family income that is less than 200% of the poverty level.

When you are scheduled for an interview, we look back 26 weeks as of the date of your appointment. For the TANF program, we would only need to verify current income (pay stubs and other income resources for the last 4 weeks only).

If an individual was not eligible due to family income, you may be eligible for the program if you are classified as having a **disability (learning, physical, or emotional disability).**

When your application for the Youth Opportunities Program is received, you will be scheduled for an interview to determine if you are eligible for Youth Services.

You will need to bring the following documents with you when you are notified of your eligibility interview:

Proof of Date of Birth

Proof of Identity

Proof of Your Social Security Number

Proof of Low Income - **Provide as many pay stubs that you have within the last 26 weeks.**

Proof of Education Status

Proof of Disability (If you have a disability)

Please bring your resume (if you have one)

**SEE BACK OF FORM FOR THE DOCUMENTS
YOU NEED TO BRING TO YOUR INTERVIEW**

Please still come to your appointment even if you do not have all of the documents.

Eligibility Factor	To prove this factor, provide <u>ONE</u> of the following
Proof of Date of Birth	Birth Certificate U.S. Passport Hospital Record of Birth DD 214, Report of Transfer or Discharge paper Driver's License Baptismal Certificate Federal, State, or Local Government Identification Card School Records or Identification Card Work Permit Tribal Records
Proof of Identity	Photo I.D. Driver's License/Learner's Permit School I.D. Card with a Photograph or School Report Card Military Dependent's Card
Proof of Your Social Security Number	Social Security Card (<u>original card with your signature</u>) <u>Can not accept laminated cards if the card states on the back "not valid if laminated." Metal or plastic reproductions of Social Security cards are not acceptable.</u>
Proof of Low Income Provide documentation for each income resource for each family member	Alimony Agreement Award Letter from Veteran's Administration Bank Statements Compensation Award Letter Self-Employment Net Income (Family or Business Financial Records) Pay stubs Employer Statement/Printout of wages Pension Statement Public Assistance Records, Social Security Benefits, [Retirement, Disability, Survivor's, Supplemental Security Income (SSI)] Unemployment Insurance (UI) Documents or Printout
Proof of Education Status	Applicable records from Educational Institution. If currently attending High School: Provide your current School Schedule or most recent School Report Card. If a High School Graduate: Provide your High School Diploma or GED Certificate
Proof of Disability	School Records [Individualized Educational Program (IEP)] Letter from Drug or Alcohol Support Rehabilitation Agency Medical Records Physician Statement/Diagnosis Psychologist's Statement/Diagnosis Psychiatrist's Statement/Diagnosis