



4400 ROUTE 23
HUDSON, NY 12534
518-828-4181
518-828-8543 (FAX)
WWW.SUNYCGCC.EDU

Dear Parent/Guardian/Young Adult,

The Workforce New York Career Center at Columbia-Greene Community College is recruiting youth ages 14-21, for placement in summer jobs. There will be a variety of worksites available. The pay rate is \$11.80 per hour. The SYETP program is scheduled to begin on July 6, 2020 and will tentatively run for six weeks until August 14, 2020. The number of hours has not yet been determined, however, an estimate at this time is between 25-30. Our funding has not yet been determined to support this program; however, we are planning now in order to be prepared to start the program in July. ****ALL APPLICATIONS MUST BE COMPLETED AND RECEIVED NO LATER THAN MAY 11, 2020 FOR CONSIDERATION.** Applying for a job does not guarantee you will be selected.

The Summer Youth Employment & Training Program (SYETP) is grant funded, and youth must meet income guidelines to qualify. Individuals receiving one or more of the following are automatically income eligible. All other applicant's family income will be reviewed for eligibility.

- Food Stamps
- SSI
- HEAP
- Medicaid
- Department of Social Services Cash Assistance

In order to participate in the program, please sign and return your completed application and all attachments, with support documentation, as soon as possible. Individuals under the age of 18 must have a parent or guardian sign the TANF Application and all forms attached. A return envelope is provided. You may also bring the application and support documentation to our office. There are a limited number of employment opportunities available. Your application will be accepted when **ALL** documentation is received. **Incomplete applications will be returned.**

To be considered, all documentation listed below must be provided with the completed application:

- Working Card for individuals 14- 17 years old. Original Working Cards must be kept by the Workforce New York Office and will be returned at the end of the program.
- Photo ID if 18 or older.
- Applicant's social security card. Copy is okay.
- Proof of street address (phone or electric bill). PO Box is not acceptable. Copy is okay.
- Proof of family size, birth certificates or social security cards for all members of your family residing in your home. Copies are okay.
- Proof of family income. This includes benefits listed above. Food Stamps, SSI, HEAP, Medicaid, DSS Cash Assistance or all family wages, Social Security etc. Copies are okay.

All information is kept confidential and secure. Remember, applying for a job is not a guarantee for employment and it is your responsibility to submit all information required to be considered for a summer employment position. **Remember, May 11, 2020 is the application due date for consideration for employment this summer.**

Respectfully,

Rebecca Preusser

Assistant Director

Workforce Investment Office (518) 828-4181 Ext. 5510

TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____
(Street) (Apartment Number)

(City) (State) (Zip Code)

Social Security Number: _____ Date of Birth: _____
(Month, Day, Year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes. If yes, go to Section Three.
 No. If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- No, complete Item B, on page 2.

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

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 X _____ 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.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Assistant Director-Workforce	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Columbia-Greene Community College		
Employer's Business or Organization Address (Street Number and Name) 4400 Route 23		City or Town Hudson	State N.Y.	ZIP Code 12534

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

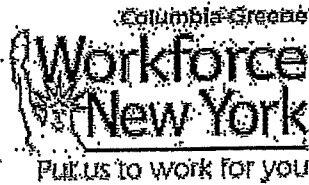
A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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SAFETY FIRST: Emergency Contact and Medical Information

Intern's Name _____		Date of Birth _____		M <input type="checkbox"/>	F <input type="checkbox"/>
				Sex	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
Address _____		Address _____			
City, ST ZIP Code _____		City, ST ZIP Code _____			

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Attention Health Care Provider

The above named employee is a participant in a Youth Employment Program through Columbia-Greene Community College. This participant is covered under Columbia-Greene Community College's Workman's Compensation. All billing and paperwork should be forwarded to:

Columbia-Greene Community College
 4400 Rt. 23
 Hudson, NY 12534
 Attn: Personnel
 (518) 828-4181

Summer Youth Employment Applicant Interest/Profile

Have you previously participated in the Summer Program? Yes No

If yes, when and where? _____

Describe your work experience, where you have worked before, including odd jobs and volunteer work:

Describe some of your interests:

The following is a list of general career clusters. Rank them following career areas in order of your preference. Choose only **three** and rank them according to your first choice (1), your second choice (2), and your third choice (3).

Health Career/Services _____	Recreation/Parks _____
Office/Secretarial _____	Maintenance/Clean up _____
Child Care _____	Customer Service/Retail _____

Do you prefer to work inside or outside? (Circle one) Inside Outside No Preference

Although efforts will be made to match applicant's career interests with a worksite, there is no guarantee that the applicant will be placed in a position that matches their choices.

Do you have transportation available to you this summer? Yes No

Will you be required to attend summer school? Yes No

If yes, what time will you be able to start work in the summer program?

Please Print Your Name

Signature
