



New Rochelle Residents Only

CITY OF NEW ROCHELLE
515 NORTH AVENUE
NEW ROCHELLE, NY 10801
(914) 654-2045

Date Received: []

YOUTH EMPLOYMENT PROGRAM 2.0
APPLICATION

LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP CODE

CELL NUMBER: DATE OF BIRTH:

E-MAIL: @

EMPLOYMENT PROGRAM DESCRIPTION

- YOUTH EMPLOYMENT PROGRAM 2.0
This program attempts to provide youth ages 18 years – 24 years, with job readiness skills training and actual work experience. The program operates for six (6) weeks. Hourly rate of of \$14.00 per hour are based on twenty (20) hours a week. One hundred percent (100%) of program participants must meet income eligibility guidelines; established by U.S. Department of Housing and Urban Development (HUD).

DIRECTIONS: Please rate the following jobs, (1) being most interested (5) being least interested

Camp Counselor /Recreation Clerical/Office Light Maintenance
Stock/Inventory Food Industry Data Entry Personal Care

Application Deadline: Open Until Filled

For applicants (18-24 years of age,) assigned to youth programs only (camps, middle school, etc.), they will be required to complete a civil service application, adhere to a drug screening, clear New York Department of Criminal Justice System Sex Offender Registry and any additional criminal and employment background checks deemed applicable per the NY State Comptroller's office as well as the Westchester County Health Department. This process will be implemented upon job offer and program placement.

FOR OFFICIAL USE ONLY

Proof of Work Permit

Yes Date Initialed by: No Date

(OVER)

EDUCATION	NAME & ADDRESS OF SCHOOL	NUMBER OF YEARS COMPLETED BY JUNE OF THIS YEAR	TYPE OF COURSE OR DEGREE	DID YOU GRADUATE
GRAMMAR SCHOOL, HIGH SCHOOL OR EQUIVALENCY DIPLOMA		8 9 10 11 12		
COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL		1 2 3 4		

EMPLOYMENT HISTORY: LIST YOUR LAST TWO PAID OR VOLUNTEER POSITIONS:					
NAME, ADDRESS & BUSINESS OF EMPLOYER	AVERAGE NUMBER OF HOURS PER WEEK	EMPLOYED		TITLE & DUTIES	
		FROM	TO		
		Mo.	Yr.	Mo.	Yr.

REFERENCES: PLEASE LIST THREE (3) REFERENCES (COMBINATION OF PROFESSIONAL AND PERSONAL – CANNOT BE A FAMILY MEMBER)			
NAME	ADDRESS	RELATIONSHIP	PHONE #

ANSWER ALL QUESTIONS BY PLACING "X" IN THE APPROPRIATE COLUMN.	YES	NO
A) WERE YOU EVER DISMISSED OR DISCHARGED FROM AN EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS?		
B) DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL?		
C) DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES WHICH WAS OTHER THAN "HONORABLE" OR WHICH WAS ISSUED UNDER OTHER THAN HONORABLE CIRCUMSTANCES?		
D) HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW?		
E) HAVE YOU EVER FORFEITED BAIL OR OTHER COLLATERAL?		
F) DO YOU NOW HAVE ANY CRIMINAL CHARGES AGAINST YOU?		

If you answered "YES" to any of the Questions in A-F above, you may give specifics below. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

NOTE: PLEASE CHECK TO MAKE SURE THAT ALL APPROPRIATE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN ITS DISAPPROVAL. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD. ACCORDINGLY, 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, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

AFFIRMATION: I affirm that the statements made on this application, including any attached papers, are true. (Withholding relevant information or supplying inaccurate information will result in your disqualification. Notice to appear for the test constitutes only conditional approval of your application. Individuals appointed from the resultant eligible list will be called upon to document any information provided on this application.)

Date

Signature

Kelly Johnson, Jr.
Executive Director

Your Choice. Your Path. Your Future.

To: All Parents/Guardians
From: Kelly Johnson, Executive Director
Subject: YOUTH EMPLOYMENT PROGRAM 2.0 – Income Verification Process

Thank you for your child’s interest and application regarding the **YOUTH EMPLOYMENT PROGRAM 2.0**. Again, our program will provide youth (based on COVID-19), ages **18 years – 24 years**, with job readiness skills training and actual work experience. The program operates for six (6) weeks. Payments in the amount of \$14.00 per hour are based on twenty (20) hours a week program participation. ***One hundred percent (100%) of program participants must meet income eligibility guidelines.*** Established by U.S. Department of Housing and Urban Development (HUD).

As mandated by the **U.S. Department of Housing and Urban Development**, all agencies receiving Community Development Block Grant (CDBG) funds must require each program participant to verify income eligibility according to CDBG guidelines. Below, please provide us with the following information:

Family Size	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household
	\$71,400	\$81,600	\$91,800	\$102,000	\$110,150	\$118,300

Applicant’s Name: _____ Age: _____

Household Size (total): _____ Parent (s) Total Gross Annual Income: _____

In addition, for each applicant offered a position for employment, the Parent/Caregiver must provide proof of income through one of the following documents: 1) Income tax documents 2) Pay Stub 3) Public Assistant Record 4) W-2 Form

I certify that the above information is true to the best of my knowledge.

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

Please complete and return to the YOUTH BUREAU – OPEN UNTIL FILLED. ***ONLY THOSE CANDIDATES THAT HAVE RETURNED THIS DOCUMENT WILL BE INTERVIEWED.***



YOUTH EMPLOYMENT 2.0 PROGRAM REGISTRATION FORM

Upon the submission of all required documents, each applicant will be contacted to schedule an interview.

All information provided is confidential.

**** ONLY ONE APPLICANT WILL BE CONSIDERED PER HOUSEHOLD. ****

Last Name _____ First Name _____ Middle Int. ____

Social Security (last four digits) _ _ _ _ Date of Birth ____ / ____ / ____ Age ____

Address: _____ Apt. ____ City: NEW ROCHELLE Zip Code: _____

Applicant's Contact #: _____ Applicant's Email Address: _____

Name of Parent/Guardian: _____ Parent/ Guardian Contact#: _____

Parent/Guardian Email Address: _____

Ethnicity (optional) Please Circle:

African American; Caucasian; Asian; Hispanic/Latino; American Indian; Pacific Islander; 2 or More Races

Current Educational Status: ____ Middle School ____ HS ____ HS Graduate ____ College Student

Have you ever applied to work for the Youth Bureau? Yes ____ No ____ if yes, when _____

Annual Family income (gross) \$ _____ .00 Total number of family living in household _____

****Must bring proof of income at the time application is submitted.****

Applicant Signature Date

Parent/ Guardian Signature Date