

WARREN COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION

Northway Plaza Suite 13C-1
PO Box 4393
Queensbury, NY 12804

William F. Resse
Director

Telephone (518) 743-0925
Fax (518) 743-0828

2010

Dear Summer Program Applicant:

Thank you for your interest in the Summer Youth Employment Program. You will need to fill out the attached application and have it ready for your interview. To begin the eligibility process, we will need the documents listed below that apply to your family situation. Make sure you have all the items that apply to you for your interview.

PLEASE MAKE SURE YOU AND YOUR PARENTS SIGN AND DATE THE APPLICATION. A PARENT MUST SIGN THE APPLICATION RELEASE IN ORDER FOR US TO OBTAIN NECESSARY INFORMATION FOR ELIGIBILITY.

It is important that **you complete and return all attached forms as soon as possible**. For those who are self-employed, please fill out the information on the other side of this letter and have it notarized.

If you have any questions please feel free to call 824-8867 or 824-8868 for more information. Thank you.

Applicants may qualify under **EITHER LIST #1 OR LIST #2**
for the Summer Youth Employment Program :

√ List #1	√ List #2
In school youth between 14–19	In or out of school youth 14 – 24
No need for income if:	No need for income if:
Child is receiving free or reduced lunch in school	Child is considered a “family of one” *Call for more information
Your family is receiving cash public assistance	Your family is receiving cash public assistance or food stamps
Your family is receiving food stamps	Child is in foster care
Your family is received HEAP	Child is homeless
Your child is receiving Medicaid	Child must have an additional barrier to qualify
<i>If you meet none of the above</i>	<i>If you meet none of the above</i>
*We need to review past family income for all family members to determine eligibility – please call	*We need to review past family income for all family members to determine eligibility – please call

ALL OF THE ABOVE INFORMATION MUST BE ABLE TO BE DOCUMENTED

EVERY YOUTH MUST PROVIDE:

- COPY OF CHILD’S BIRTH CERTIFICATE (and all family members if using income)
- COPY OF CHILD’S SOCIAL SECURITY CARD
- ORIGINAL WORKING CARD (Age appropriate)
- PICTURE ID IF 18 OR OLDER

Youth Registration Form
WARREN COUNTY EMPLOYMENT & TRAINING ADMINISTRATION
Northway Plaza Suite 13C-1 P.O. Box 4393 Queensbury, NY 12804
 Telephone (518) 743-0925 Fax (518) 743-0828

GENERAL INFORMATION

Date: _____

1. Social Security # _ _ - _ - _ _ _ _	2. Last Name _____	3. First Name _____
4. M.I. _____		
5. Street Address _____		
6. City _____	7. State _____	8. Zip Code _____
9. County _____		10. Country, if not US _____
11. Date of Birth __ / __ / ____	12. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Phone (____) ____ - ____	14. Alternate Phone (____) ____ - ____	
15. Message Number	16. E-mail Address	

<p>18. Ethnicity: <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino</p> <p style="padding-left: 100px;"><input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Asian (not Hispanic) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/></p> <p>Other _____</p> <p>Note: Question 18 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.</p>
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19. Education (Check highest level completed) Less than High School High School Diploma GED

Some College Vocational Degree Associate Degree

20. Grade (WIA Education Level) – Circle highest level

No Grade 1 2 3 4 5 6 7 8 9 10 11 or Disabled with Certificate/IEP GED HS Graduate

High School + : 1 year 2 years 3 years college or voc/tech Bachelor's or Equivalent

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. Do you have an occupational certificate? Yes No Type _____
From _____

23. Do you have a driver's license or permit? Yes No State and
Number _____

24. Are you: Employed? Or Unemployed?

25. Do you have a resume ? Yes No

26. What is your disability status? Disabled Not Disabled SSI

Name of school presently attending:

Are you receiving special education or resource room assistance? Yes No

Pregnant/Parenting Teen At Risk Youth Homeless or Runaway Foster Care Offender
Dropout

Males 18 or over: Are you registered with Selective Service? Yes No

27. Are you or any member of your household receiving the following: TANF Food Stamps
HEAP

Medicaid SSI Safety Net Other income (child support, etc) _____

WORK HISTORY:

Enter the most recent employment first. **If you have job experience, you must complete this section.**

Employer _____ Job Title _____

Address _____

City _____ State _____ Wage _____ per hr/wk/month/year/other

Start Date ___ / ___ / ___ End Date ___ / ___ / ___ Reason for Leaving _____

Job Duties _____

Employer _____ Job Title _____

Address _____

City _____ State _____ Wage _____ per hr/wk/month/year/other

Start Date ___ / ___ / ___ End Date ___ / ___ / ___ Reason for Leaving _____

Job Duties _____

UNPAID VOLUNTEER/COMMUNITY SERVICE WORK:

Where: _____ _____	Dates: _____
Duties: _____	

Equal Opportunity/Program. Auxiliary aids available upon request to individuals with disabilities.

SKILLS/ABILITIES

Job Skills: List at least one.

Include skills and abilities you have learned through a job or school. For example: computer, landscaping, babysitting, cash register.

GRIEVANCE PROCEDURE

If a Workforce Investment Act (WIA) participant or other interested person has a complaint or grievance, he/she has the right to proceed through the following steps.

Step 1: Discuss the problem or complaint with the WIA staff or partner program involved. If the dispute is not resolved, a written and signed statement must be submitted to the Program Complaint Resolution Officer of the WIA county entity or partner program. Non-criminal complaints must be filed within one year of the alleged occurrence.

Step 2: The Program Complaint Resolution Officer shall log and review all complaints. Non WIA-related complaints will be referred to the appropriate agency or agencies for their follow up. WIA- related complaints will be acknowledged and investigated. If a resolution is not reached, a hearing will be held within 30 days of the filing of the grievance. The complainant shall receive written notice of the date, time, and place of the hearing, seven days prior to the hearing date. The Hearing Officer will issue a written decision to the complainant within 60 days of the filing of the complaint.

Step 3: The complainant has the right to request a review by the Governor if:

- (I) The complainant is not in receipt of a written decision within 60 days of filing the complaint; or
- (II) The complainant has received an adverse decision.

The complainant must file the request for review within 10 days of receipt of the adverse decision, or 15 days from the date on which the complainant should have received a written decision from the Hearing Officer. The Governor shall issue his/her decision within 30 days of receipt of the request for a review.

Step 4: If the complainant does not receive the Governor’s decision, he/she has the right to request a review by the United States Department of Labor (USDOL) Secretary. The request must be filed within 10 days of the day that

the complainant should have received the Governor's decision. The USDOL Secretary shall act within 120 days of receipt of the request.

All complaints involving fraud, abuse, or other criminal activity should be reported immediately to the Director, Civil Rights Center, U.S. Department of Labor, Room N4123, 200 Constitution Ave. NW, Washington D.C. 20210. All discrimination complaints should be filed directly with the Equal Opportunity Development (DEOD) NYSDOL, State Campus, Building 12, Rm. 586, Albany, NY 12240. DEOD shall investigate the allegation of discrimination, issue a finding/determination within a 60 day period from receipt of the complaint, notify the complainant of such findings, and where necessary, advise the complainant of their right to file with USDOL.

William F. Resse
 Program Complaint Resolution Officer
 Warren County ETA
 PO Box 4393
 Queensbury, NY 12804

I authorize the _____

School district, the Department of Social Services and other involved agencies to exchange information regarding my child with

Warren Co. Employment & Training. I further authorize the Employment & Training office to release information to the school district, DSS, probation and other involved agencies. The information will be used to determine eligibility and appropriateness for Employment & Training services and programs. It may also be necessary for my child to attend workshop(s) given by the Employment & Training office to meet year-round program requirements. I understand that the Employment & Training office may need to obtain information and school records regarding my child to comply with follow up services for at least one year. Information that may be exchanged includes but is not excluded to:

- | | | | |
|--|-----------------------|--|-------------------|
| Date of Birth (Certificate) Scores | Address | Academic Scores/Report Cards | Standardized Test |
| Attendance Records Services | Health Records | CSE Classification and IEP | Counseling |
| Academic Intervention Services Eligibility | Psychological Reports | Math/Reading Levels | Free Lunch |
| Food Stamp/Public Assistance Information | | Employability Skills/Interests/Aptitudes | |

I understand that all information released is confidential. I understand that information requested by the Employment & Training office is for the purpose of determining eligibility and appropriate program services.

Total Family Income

Family Members	Relationship	Sources	Income/last 6 months
	Self		
		6 month income=	\$
		Annualized Income =	\$

I certify that the information provided is true to the best of my knowledge and that there is no intent to commit fraud. I am also aware that the information that I have provided is subject to review and verification and I will have to provide documentation to support this information. 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 understand that falsification is grounds for termination from the Warren Co. Employment & Training programs and may result in action to recover any monies expended on my behalf or paid to me while participating in the program.

Both the applicant and parent/guardian authorize the use of the participant's name and picture in any informational or promotional literature concerning the Employment & Training program participated in.(Cross off this statement if permission is not given.)

I have read and understand the grievance procedure included in this application.

My (applicant) signature below indicates that I have been informed of and understand the eligibility information provided on all pages of this application. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I certify that the information provided on this application is true and correct.

_____	_____	_____
Signature of Applicant	Date	Signature of Parent/Guardian

_____Staff Use Only_____

_____	_____
Staff Signature	Date of Eligibility

Income is below: 0% LLS 100% OMB 125% OMB 200% OMB