



FMS Workforce Career Centers

2620 Riverfront Center, Amsterdam NY 12010
795 East Main Street, Suite 4, Cobleskill NY 12043
43-47 North Main Street, Gloversville NY 1078
(518) 842-3676 | bhastings@fmsworkforcesolutions.org
@fmspicyouth



2024 Summer Youth Employment Program

The Summer Youth Employment Program is a unique opportunity to gain six weeks of meaningful, on-the-job training during the summer. Youth selected for the program will be assigned to a worksite to work for 20-30 hours per week earning \$15.00-\$15.50 per hour through Fulton, Montgomery & Schoharie Counties Workforce Career Centers.

- You must be a Fulton, Montgomery or Schoharie County resident
- You must be age 14-20 by the application deadline (June 17, 2024)

Please note: The majority of funding is allocated to youth whose family is receiving TANF (public assistance), SNAP (food stamps), or whose total household income does not exceed 200% of the poverty line (see guidelines on page 2).

RETURN YOUR COMPLETED APPLICATION TO THE CLOSEST LOCATION:

FMS Workforce Career Center
Attn: Summer Youth Employment Program
2620 Riverfront Center, Amsterdam NY 12010
795 East Main Street, Suite 4, Cobleskill NY 12043
43-47 North Main Street, Gloversville NY 1078

Priority given to applications received by FMS Workforce Career Center no later than: FRIDAY June 17, 2024

*Faxed or –Emailed applications will not be accepted due to the need for original signatures.
FMS Workforce Career Center is not responsible for applications submitted to a third-party; follow the instructions above.*

Application Checklist:

You must include the following forms to participate in the Summer Youth Employment Program
Due to the volume of applications, we cannot pull documentation / information from previous years; please provide everything listed below.

<input type="checkbox"/> Application	<input type="checkbox"/> Copy of Social Security Card
<input type="checkbox"/> Emergency Information Form (pg. 4)	<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Confidential Income Statement (pg. 5-6)	<input type="checkbox"/> Copy of Photo ID (18+ or not in school)
<input type="checkbox"/> Proof of Household Income (see pg. 2)	<input type="checkbox"/> Original Working Papers (ages 14-17) Ages 14/15: BLUE Ages 16/17: GREEN
<input type="checkbox"/> Release of Information (pg. 8)	
<input type="checkbox"/> Selective Service Letter (18+ males)	



forms

1. **COMPLETE** application **in pen** and **attach all the required documents**.
2. **REVIEW** application for completeness and accuracy; **fill in all blanks**.
3. **SUBMIT** completed application and required documentation.

Completion of an application does not guarantee you a summer position. Positions are contingent on funds from grants and the State and Federal Government. You must be determined eligible for the program under the guidelines provided by these funders, and you may be selected through the lottery to participate.

SUMMER YOUTH EMPLOYMENT PROGRAM TIMELINE

KEEP THIS PAGE FOR YOUR INFORMATION!

If FMS Workforce Career Center receives more applications by the deadline than can be served, a lottery will be held to determine which applicants are selected to participate. Priority may be given to youth who have participated in the program for fewer than three years.

****If you ARE selected through the lottery to participate in the program:**

1. Interview Call
You will receive a call in the mail in June with your interview date & time.
2. Interview
 - ✓ Attend your interview.
 - ✓ Be prepared to discuss what kind of work you would like to do this summer, any prior work/volunteer experience you have, the transportation you will have to/from work, and whether you will need to attend summer school.
 - ✓ You must dress professionally for all appointments and interactions during the program, including your interview, orientation, and at your worksite.
3. Orientation
There is a mandatory orientation you will need to attend in late June/early July.
4. Employment
Dates of employment are July 8, 2024-August 17, 2024.
Possibility of program extension

Proof of Income Guidelines

200% of Federal Poverty Guidelines	
2024 guidelines from https://aspe.hhs.gov	
Family Size	Annual Income
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
For family units with 8+ family members, add \$10,760 annually for each additional family member.	

Examples of Acceptable Proof of Income	
If you have questions regarding income, please call our office to clarify.	
INCOME	PROOF
Wages/Salary	Six most recent paystubs
TA/SNAP	Award Letter/Budget
SSI/SSD	Award Letter
Alimony	Check stubs or court order
Child Support	Check stubs or court order
Rent (as a landlord)	Rent receipts
DSS Childcare Provider	Authorization with rates
Self-Employment	Tax return

Where Can I Get My...?

Social Security Card	US Social Security Administration *currently online/phone services*
Birth Certificate	https://www.health.ny.gov/vital_records/
Photo ID	Department of Motor Vehicles *currently online/phone services*
Working papers	Your school (if homeschooled, contact your school district)
Selective Service Letter	https://www.sss.gov/home/registration



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2024 Summer Youth Employment Program - Application

Name: _____ Social Security # _____
Last First MI

Address: _____, NY _____
Street Address & Apt # City Zip Code

****If you move or your phone number changes, it is your responsibility to inform the office ASAP****

Phone #: (____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female Other

Ethnicity: Black American Indian Asian
(Check all that apply) White Alaskan Pacific Islander
 Hispanic Hawaiian Other: _____

Are you a U.S. Citizen? Yes No, _____

Alien # _____ INS form # _____ Date of entry into U.S. _____

Are you registered with the Selective Service System? (Required only for males 18+)
 Yes, receipt #: _____ No Not applicable

Education:
 In Middle or High School Name of School: _____ Grade: _____
 In GED/TASC or College Name of School: _____
 Out of School – Dropped Out Last grade completed: _____
 Out of School – High School Graduate or obtained GED/TASC

Including yourself, how many family members are living in your household? _____

YOU MUST INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:	
<i>Please provide everything listed below.</i>	
<input type="checkbox"/> Application	<input type="checkbox"/> Copy of Social Security Card
<input type="checkbox"/> Emergency Information Form (pg. 4)	<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Confidential Income Statement (pg. 5-6)	<input type="checkbox"/> Copy of Photo ID (18+ or not in school)
<input type="checkbox"/> Proof of Household Income (see pg. 2)	<input type="checkbox"/> Original Working Papers (ages 14-17) <i>Ages 14/15: BLUE Ages 16/17: GREEN</i>
<input type="checkbox"/> Release of Information (pg. 7)	PLEASE MAKE SURE TO INCLUDE ALL DOCUMENTS!
<input type="checkbox"/> Selective Service Letter (18+ males)	

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Applicant: If you are 18 or older, and your own guardian, you may sign here



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2024 Summer Youth Employment Program Emergency Information Form

Applicant's Name: _____ Date: _____

Address: _____ Phone: _____

Age: _____ Date of Birth: _____ Male Female Other

I understand that my child/I is/am applying for a position through the Summer Youth Employment Program.
I hereby authorize and give my consent to any area medical facility to examine and treat,

Print Applicant's Name

in the event that an employee requests or requires examination or treatment in an emergency.

Worksite Supervisors are responsible for providing/obtaining emergency medical attention for participants at a worksite. The following form might facilitate any emergency situation.

- Allergies or reactions (describe) _____ Prone to seizures Yes No
- Tetanus Vaccine, Date of last: _____ Tetanus Booster, Date: _____ Copy of immunization included (if needed)
- Medication(s) required: _____
FMSPIC SYEP/worksite is not responsible for securing or administering routine medication.
- Other medical concerns: _____

**Worker's Compensation Forms must be completed within 24 hours of any accident.
Please alert FMS Workforce Career Centers immediately of any emergency at (518) 842-3676.**

Emergency Contact Name & relationship	Cell Phone#	Home Phone #	Work Phone #	Address
1. <i>Parent/Guardian</i>				
2.				
3.				
Family Physician:			Phone:	

I understand that the information above will be used in the event of an emergency and will be shared with the youth applicant's Worksite Supervisor. I attest that the above information is complete and accurate.

Parent/Guardian Name: _____
Please print clearly and legibly

Parent/Guardian Signature: _____
Applicant if you are 18 or older, and your own guardian, you may sign here



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2024 Summer Youth Employment Program Confidential Income Statement

The following information is to be completed by the PARENT/GUARDIAN unless the applicant is age 18+. All information is subject to verification. Please answer every question, provide details as requested, and print clearly.

Name of Youth Applicant: _____ Social Security #: _____ - _____ - _____

Number of family members in household: _____

SECTION 1:

Does the **YOUTH APPLICANT** currently receive benefits under any of the following programs?

- TANF/Safety Net/Public Assistance No Yes
- SNAP/Food Stamps Benefits No Yes
- SSI (Supplemental Security Income) No Yes, submit copy of award letter
- HEAP No Yes
- Medicaid No Yes

Please complete the following chart regarding ALL HOUSEHOLD INCOME

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 any family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income. (Copies of recent pay stubs with year-to-date wage information or a signed statement from the employer stating the worker's GROSS wages for the last 6 months are required; see pg. 2 for details on acceptable proof of income.)

List all sources of income received and any recurring income of family members.

Name	Income Source	Dates Employed	Amount Earned	Received (Check one)		
				Weekly	Monthly	Annually

Include the gross income (income before taxes & deductions) of each family member who lives with the youth applicant. Family members include: the youth applicant and their 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 the youth applicant has a child of their own, include that child, any brothers and sisters of the child, and the child's parents. Do not include any of these people if they do not live with the youth applicant. Do not include other family members such as grandparents, uncles, or aunts. If the youth applicant is married, they should include their spouse but do not need to include their parents or siblings.

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 their 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, TANF/SNAP), to verify other information on the application, or to verify your alien status. If you disagree with any decisions made regarding your eligibility to receive TANF services, your certification may be reviewed by a person at a higher level.

SECTION 2:

Additional required information about the youth applicant to assist in determining funding eligibility.

- | | | |
|--|------------------------------|-----------------------------|
| Do they have a disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, please describe:</i> _____ | | |
| Have they ever been arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they currently on PINS/probation/parole? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, name of PO:</i> _____ | | |
| Are they homeless or a runaway? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they in Foster Care or a resident of a Group Home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they a teenage parent/expecting a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they an English language learner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 3:

By signing this, I am swearing, under the penalty of perjury, that all of the information provided herein is true to the best of my knowledge, that I have no fraudulent intent, and that I am willing to cooperate with any efforts to verify the information provided. I am also aware that the applicant will be subject to immediate termination if they are subsequently found ineligible. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature of Parent/Guardian: _____ Date: _____
Applicant if you are 18 or older, and your own guardian, you may sign here

Relationship to Applicant: _____

A parent or guardian must sign this form (for applicants under 18) for the application to be complete.
The Commissioner of the Department of Social Services or their designee must sign for children in foster care.

Note:

If the youth applicant is selected for the program and is not a United States citizen, the “Immigration Status List” will be mailed to them with their interview time and they will be asked to provide FMS WCC with the status number from the list, as well as any additional required documents to support that they are legally able to work in the United States.



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DSS Verification

To: Fulton, Montgomery & Schoharie Counties Workforce Career Center
From: Department of Social Services

Date: _____

RE: Applicant on Assistance or Food Stamps

Parent Name: _____

Last four of SSN: _____

DOB: _____

Child's name: _____

Last four of SSN: _____

DOB: _____

Case #: _____

Date case became active: _____

Number of children in family: _____

Number of adults in family: _____

US Citizen? Yes No

To be filled out by DSS

TYPE OF ASSISTANCE (Please circle any that apply for the last six months)

SNAP Cash Welfare Safety Net TANF Medicaid

Verified by: _____

Comments: _____

Application Consent

I hereby authorize the Fulton, Montgomery & Schoharie Counties Departments of Social Services to release to the Fulton, Montgomery & Schoharie Counties Workforce Career Centers any information that may pertain to my eligibility under TANF

Check originating office below:

- Amsterdam office Cobleskill office Gloversville office

Witness: _____

Applicant signature: _____

Title: _____

Print name: _____

Date: _____

Date: _____



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2024 Summer Youth Employment Program Release of Information

Applicant's Name: _____

Date: _____

CONSENT TO RELEASE CONFIDENTIAL INFORMATION:

I agree to authorize Fulton, Montgomery & Schoharie Counties Workforce Career Center's (FMS WCC) Summer Youth Employment Program (SYEP), to gather and/or release information about the youth applicant named above pertaining to worksite location, work schedule, attendance, attitude/conduct, demographic information, academic information, performance evaluations, medical information, psychological information, treatment plan, financial status, family composition, and/or extra-curricular activities.

This is a reciprocal release whereby Fulton, Montgomery & Schoharie Counties Workforce Career Center (FMS WCC) Summer Youth Employment Program (SYEP) can release to and/or gather information from people/agencies including the youth applicant's family, worksite staff, advocate(s), probation officer(s), medical/mental health professionals, and FMS WCC partner agencies/businesses as needed.

I understand that this information will be shared only in the best interest of supporting the youth applicant in their summer work experience. This consent is valid starting on the date of application and will expire one year from the date of application listed on page (pg. 3).

Parent/Guardian Signature: _____
Applicant if you are 18 or older, and your own guardian, you may sign here

EMPLOYMENT REFERENCE CONSENT:

I authorize Fulton, Montgomery & Schoharie Counties Workforce Career Center (FMS WCC) to give the youth applicant named above a positive or neutral (dates of employment) job reference based on their performance in the program. This consent does not expire.

Parent/Guardian Signature: _____
Applicant if you are 18 or older, and your own guardian, you may sign here



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2024 Summer Youth Employment Program

Media Release

I authorize Fulton, Montgomery & Schoharie Counties Workforce Career Center (FMS WCC) its partner agencies/businesses, and any media subsidiaries covering the Summer Youth Employment Program to record and edit the likeness of, interview, quote, photograph, refaced audio, take video footage (henceforth referred to as photographic or electronic reproductions) of the youth applicant named below. These photographic and electronic reproductions may be used for publication, educational, exhibition, marketing and social media purposes, and I understand that the youth applicant and I are not entitled to any compensation or remuneration with respect to our involvement in any media contract. This consent is valid starting on the date of application and will expire one year from the date of application listed on the application page (pg. 3). I understand that such coverage may result in my child's statement and/or photograph appearing in local media.

- I have no objection to my child being included in the coverage of SYEP activities and hereby give my consent.
- I do not wish to have my child included in any coverage of SYEP activities.

Participant's name – please print

Parent/Guardian name – please print

Date: _____
Parent/Guardian signature Applicant *if you are 18 or older, and your own guardian, you may sign here*



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2024 Summer Youth Employment Program

Lost Check Policy

You are enrolled in the PIC Summer Youth Employment Program with our agency that will entitle you to certain payments in the form of a check such as based payments.

Occasionally, we have run into situations where the check has been mailed to the participant and is not received. It is requested that you notify the staff representative responsible for you of any address changes as soon as possible in order to avoid these situations from occurring. Since all checks are mailed, this is especially important.

There have also been situations where there has been no change of address and, for reasons unknown, the check becomes lost in the mail.

We are notifying you that it is the policy of our agency to wait until the next statement is received by us from our bank showing that the check has not been paid before another check will be issued. The usual waiting period is 30 days. This is necessary to protect us from issuing duplicate checks only to be notified that the original was cashed. We therefore request that you notify us as soon as possible if you have not received your check within the time frame that it has been taking for your check to arrive.

Should this situation occur, and we issue a second check to you, you will be required to sign a release stating that you will return the original check to the Private Industry Council located in the Workforce Career Center if and when you receive it.

Participant Signature _____ Date _____

Parent Signature _____ Date _____

Staff Signature _____ Date _____

FULTON MONTGOMERY & SCHOHARIE COUNTIES WORKFORCE
DEVELOPMENT BOARD

SUMMER YOUTH EMPLOYMENT PROGRAM

PARTICIPANT PROFILE



DATE: _____

Participant Name: _____ Phone #: _____

DOB: _____ Age: _____ Second Phone #: _____

Employment & Educational goals: _____

Why do you want to enroll in the Summer Youth Employment Program? _____

What are your expectations of the program? _____

Education and Training

High School Graduate

- Yes Year of Graduation: _____
- No Last grade completed: _____

Vocational Training: _____

License/Certification: _____

Will you be required to attend summer school this year? Yes No

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

Job Interests

Outside Activities/Special Skills (including volunteer work, clubs, etc)

Have you participated in the Summer Youth Employment Program Before? Yes No

If yes, where? Job Site: _____ What year(s): _____

Have you ever been employed? Yes No

If yes, please fill out next section:

Work Experience

Employer _____ Dates: _____

Address _____

City/State/Zip _____

Job Title: _____ Can you get a reference here? _____

Duties/Responsibilities: _____

Likes/Dislikes: _____

Reason for leaving: _____

Employer _____ Dates: _____

Address _____

City/State/Zip _____

Job Title: _____ Can you get a reference here? _____

Duties/Responsibilities: _____

Likes/Dislikes: _____

Reason for leaving: _____

TO BE FILLED OUT BY SYEP COUNSELOR

Training & Employment

- Program Orientation
- Work Experience
- TABE Testing
 - o Reading _____
 - o Math _____

Completion Date _____
 Completion Date _____
 Completion Date _____

Placement Information

Employer _____ Job Title _____



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2024 Summer Youth Employment Program Student Participation Form

I _____ the parent/guardian
(Parent/guardian name)

of _____ give permission for said minor
(Participant name)

to attend all life skills activities which may include:

- Pregnancy Prevention Program
- Depression
- Date Rape
- Sexually Transmitted Disease
- HIV/AIDS
- Drug/Alcohol Abuse
- Nutrition/Eating Disorders
- Suicide
- Bullying
- These programs will be presented by trained professionals in each field.

If you choose not to participate in the programs mentioned above, please check below and sign the form.

I agree to participate

I choose not to participate

Student Signature _____

Parent/Guardian (please print) _____

Parent/Guardian signature _____

Date _____