

Cortland County Employment & Training
Cortland Works Career Center
99 Main Street
Cortland, NY 13045
607-756-7585

Cayuga County Employment & Training
199 Franklin Street, Suite 204
Auburn, NY 13021
315-253-1590

Cayuga - Cortland
Workforce Investment Act (WIA) and TANF
Youth Employment and Training Program Application

Name: _____
Address: _____ SS #: _____
_____ Birth Date: _____ Age: _____

Phone Number: _____ Gender: Male () Female ()
Message Phone: _____ Ethnic Group: White Non-Hispanic ()
Black Non-Hispanic ()
Hispanic ()
Am. Indian / Alaskan ()
Asian / Pacific Island ()

Education Information:

Are you currently in school? Yes () No ()
If yes, what school do you attend? _____ Current Grade: _____
If no, what was the name of the last school attended? _____
Last grade completed: _____
Do/did you participate in any Special Education/Resource Room activities? Yes () No ()
Do you have an IEP (Individualized Education Plan)? Yes () No ()
Will you be enrolled in Summer School? Yes () No () Uncertain ()
If yes, what will your schedule be? _____

Personal Information:

Are you a U.S. Citizen? Yes () No ()

If not, are you authorized to work in the United States? Yes () No ()

Are you disabled? Yes () No ()

List any special accommodations you need in order to work; such as an interpreter, ramp, wheelchair, etc.

Have you ever been convicted of a crime? Yes () No ()

If yes, Misdemeanor () Felony ()

(If youthful offender with sealed records, you may check no.)

Have you ever received services, such as, PINS, Probation, etc.? Yes () No ()

If yes, who is/was your caseworker? _____

Are you currently in Foster Care? Yes () No ()

If yes, who is your caseworker? _____

Are you a pregnant or parenting youth? Yes () No ()

If yes, do you have daycare arranged? Yes () No ()

Are you homeless or a runaway youth? Yes () No ()

Do you or anyone in your household receive:

Public Assistance Yes () No () Case# _____

Food Stamps Yes () No () Case# _____

Medicaid Yes () No () Case# _____

Employment Questions:

Have you ever been enrolled in the Summer Youth Employment Program?	Yes ()	No ()
If yes, how many summers did you work in the program?	_____	
Do you have a valid NYS Driver's License?	Yes ()	No ()
If yes, do you have access to a car?	Yes ()	No ()
If we place you in employment, how will you get to work each day?	_____	
What is your back-up transportation plan?	_____	

Please list any paid work experience or volunteer experience (including prior Summer Youth Employment Program jobs) you have had since your 14th birthday. Be sure to include jobs such as childcare, lawn care, etc. If the job was through our summer employment program, please indicate SYETP under the Employer Name.

Employer Name: _____ Dates: _____

Job Duties: _____

Employer Name: _____ Dates: _____

Job Duties: _____

Employer Name: _____ Dates: _____

Job Duties: _____

HOUSEHOLD INCOME: List all household members, their relationship to the applicant, and their income for the previous six months.

Household Member	Relationship	Source of Income	6-month Income

I certify that all of the information I have supplied in completing this application is true and correct to the best of my knowledge. I understand that any information I have supplied may be subject to verification and that deliberate misrepresentation of the information may subject me to prosecution under State and Federal Laws.

Youth Signature: _____ Date: _____

****PARENT/GUARDIAN MUST SIGN FOR ALL YOUTH UNDER THE AGE OF 18!**

Parent/Guardian Signature: _____ Date: _____

Dear Parent Guardian,

In order to participate in the WIA Youth Program, we need to assess your youth's grade level in math and reading. For in-school youth, this information can be obtained from the guidance office via this signed form. If we do not receive your consent, your son/daughter may have to be tested prior to enrollment in this program. As this information may already be available through the schools, the only youth we are planning to test are those who have dropped out of school or for whom recent school records are not available.

In addition, we may need the information from other agencies that have provided services to your son/daughter. This may include, but is not limited to educational, medical, or guidance information.

Please read and sign the authorization below.

To whom it may concern:

I hereby authorize the Cayuga/Cortland County Employment and Training Office to obtain information or records including educational, employment, and medical, for the purpose of evaluating my current skills and needs to assist in the formulation of my Individual Service Strategy (ISS).

I understand that all such information released to the Cayuga/Cortland County Office of Employment and Training will be treated as confidential and privileged.

Youth Name – Please Print

Date

Signature of Youth

Signature of Parent or Guardian (if under 18)

If in the foster care system, signature of Foster Care Director