



# SUMMER YOUTH EMPLOYMENT PROGRAM 2014

## PARTICIPANT APPLICATION

One application will be accepted for each applicant. Completed applications will be entered into a lottery to determine those applicants who will be offered a position in the Summer Youth Employment Program. **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM.** The following application items: Spoken Language, Disability Status is voluntary and will be treated with confidentiality. They cannot be used to affect your status in receiving employment, benefits and/or services. Information provided may be used by the City of New York to improve City services or to access additional funding.

1. Social Security Number (Please be accurate)  -  -

2. Birth Date: Month  Day  Year

3. Gender (Check one)  Male  Female

4. Last Name

5. First Name

6. Middle

7. Citizenship Status (Check one)  U.S. Citizen  Permanent Resident Alien  Other

8. Alien Number: \_\_\_\_\_  
USCIS Form Number: \_\_\_\_\_

9. Street Address (number and street)

10. Apt #

11. Zip Code

12. Borough (Check one)  Bronx  Brooklyn  Manhattan  Queens  Staten Island

13. Name of Parent or Legal Guardian: Last Name  First Name

14. Applicant's Home Phone #: (Area code)  -  -

15. Applicant's Cell Phone #: (Area code)  -  -

16. Emergency Contact Phone #: (Area code)  -  -

17. Applicant's Email

18. Ethnicity (Check One)  American Indian  Asian (Non-Hispanic)  Black (Non-Hispanic)  Hispanic/Latino  
 Pacific Islander  White (Non-Hispanic)  Other

19. Other than English, what language(s) are you most comfortable speaking?  Spanish  Chinese  Russian  Korean  Arabic  Haitian Creole  If other, please name \_\_\_\_\_

20. Current educational status  Student in HS or below  College student  HS graduate  GED recipient  Left HS before graduating

21. Educational-Student Type  Full-Time Student  Part-Time Student  Vocational  Post Secondary  Not in School

22. Current grade if in High School or below. If not in HS, indicate the last grade completed.

23. Is the applicant any of the following (Check all that apply)  Disabled  Homeless/ Runaway  ACS Preventative Services  Served In Military  
 Foster Care  Offender/ Court Involved  Parent  Does Not Apply

24. Is applicant or applicant's family currently receiving public assistance?  Yes  No If No, proceed to question 26.

25. Type of Public Assistance (Check all that apply)  Family Assistance (formerly known as AFDC)  Food Stamps  S.S.I.  Safety Net/Home Relief  Other

26. Total family income (gross) for the last SIX months \$

27. Number of family members currently living in applicant's household

28. What is the applicant's long-term career goal? \_\_\_\_\_

29. Do you have any previous work experience?  Yes  No

30. Is the applicant or any member of the household (0-64 years of age) covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance?  Yes  No

31. If NO, do you want to be contacted with information about public health insurance programs?  Yes  No

32. Selective Service Registration #:  -  -  Registration Date: Month  Day  Year

Males 18 years of age must be registered with the Selective Service System to participate in the program (if you have not already registered; visit [www.sss.gov](http://www.sss.gov).)

### CERTIFICATION OF ACCURACY

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

SYEP Provider Intake Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

The status of your application can be found at [www.nyc.gov/dycd](http://www.nyc.gov/dycd)