



Middletown Summer Youth Employment Program

Summer 2017



Summer 2017-Youth @ Work

Middletown Summer Youth Employment Program

IMPORTANT PROGRAM NOTES

Applications will be available on Monday, April 3, 2017

All applications are **DUE** by 4:30 PM on Monday, June 5, 2017

The exact number of jobs in this program depends on the final amount of funding received for youth employment

We are expecting 120+ applications this summer,
with an anticipated waiting list

If we receive more applications than we have jobs available,
program participants will be selected **RANDOMLY**

Applicants that were on the waiting list in (2016) have a **MUCH** better chance of being selected for this program in (2017) but they still **MUST** submit an application

Each applicant will be called in the month of June with notification of their status.
BE SURE TO WRITE PHONE NUMBERS CLEARLY SO WE CAN READ THEM

Program participants will work for a period of six weeks, at (15-20) hours per week, unless otherwise approved.
(The final number of hours depends on funding)

This program will run from Monday, July 10th until Friday, August 18th

There will be an orientation session held at the Middlesex Chamber for all applicants selected to work this summer. The **tentative** date for this orientation is Thursday, June 29th

**THE ENTIRE APPLICATION AND SUPPORTING UPDATED DOCUMENTATION
MUST BE SUBMITTED FOR THE APPLICATION TO BE CONSIDERED**

Any questions or concerns can be directed to Lorenzo Marshall at the Chamber
(860) -347-6924 or lorenzo@middlesexchamber.com



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The following documentation **MUST** be submitted for this application to be considered:

1. Birth Certificate of Applicant

2. Social Security Card of Applicant

If you do not have a Social Security Card, you must take your birth certificate plus proof of identity to the Social Security Administration Office (425 Main Street, Middletown) and apply for a card. Failure to obtain a **Social Security Card** will mean exclusion from the program

3. Documents that Establish Identity

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.
2. ID Card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.
3. School ID Card with a Photograph
4. Voter's Registration Card
5. U.S. Military Card or Draft Record
6. Military Dependent's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American Tribal Document
9. Driver's License issued by a Canadian government authority

For Persons under the age of 18 who are unable to present a document listed above:

10. School Record or Report Card
11. Clinic, Doctor or Hospital Record
12. Day-Care or Nursery School Record

4. Income Verification – Proof of Income

5. If you are a male 18 or older, you must provide proof that you have registered for Selective Service. Please contact Lorenzo Marshall at the Chamber for more information or visit www.sss.gov



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Program Eligibility

Applicant Must Be Between the Ages of 14 and 21 years as of July 1, 2017

**If the applicant is eligible for Free or Reduced School Meals,
HE OR SHE IS AUTOMATICALLY ELIGIBLE FOR THIS PROGRAM
(Proof of Free or Reduced School Meals is required)**

Please Note:

Being deemed eligible does **NOT** necessarily mean the applicant will be employed

If proof of free or reduced school meals cannot be provided,
the applicant **MUST** provide **PROOF** of **ONE** of the following:

- 1. Applicant is a member of a family that receives SNAP (Food Stamps)**
-Proof is required

- 2. Applicant is a member of a family that receives Public Assistance**
-A budget sheet or letter verifying benefits received from the Department of Social Services is required

- 3. Applicant is a Foster Child**
-Proof is required

- 4. Applicant's Family Receives Social Security Benefits**
A copy of the SSD or SSI Grant Letter or monthly check is required

5. Applicant's family receives Unemployment Compensation Benefits

-The Unemployment Compensation Grant Letter **MUST** be provided as proof

6. Applicant is 18 years old and lives at home, but receives less than 50% support from family.

(Please call Lorenzo Marshall at the Chamber if this is the case)

7. If the applicant has a documented disability, he/she is counted as a Family of One and only the applicant's income is counted (Proof Required)(Please call Lorenzo Marshall at the Chamber with any questions or concerns)**

8. Family Income falls within 185% of Poverty Income Levels***

***Please see the **Family Information** page of the application and properly fill in the information pertaining to family size and income thresholds

You **MUST** submit the last four (4) pay stubs for any family member employed within the last six (6) months

Please Note: Only **ONE** of these is required as proof for this application.

If you provide proof of free or reduced school meals, you **DO NOT** have to provide any other proof of income

Please Note: If you provide pay stubs or other income documentation, you **MUST** provide it for all members of the household

Any questions or concerns can be directed to Lorenzo Marshall at the Chamber at

860-347-6924 or lorenzo@middlesexchamber.com



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Eligibility Income Thresholds:

Please Note Family Size AND Income Levels

STATE Funds-185% Poverty Income Levels

INCOME ELIGIBILITY GUIDELINES	
Household Size	Annual
1	\$21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647

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**PLEASE COMPLETE ENTIRE APPLICATION
AND RETURN TO or DROP OFF at: Middlesex County Chamber of
Commerce 393 Main Street, Middletown, CT. 06457
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
Any questions or concerns can be directed to Lorenzo Marshall at the
Chamber at 860-347-6924 or lorenzo@middlesexchamber.com**

Name of Applicant _____

Dear Youth, Parents and Legal Guardians:

Please read the entire application carefully before submitting. The 2017 Summer Youth Employment and Training Program is intended to provide early work experiences for young people ages 14-21 that may not otherwise have this opportunity. There are limited opportunities available in the summer program. Please note that completing this application does not guarantee a placement.

THIS APPLICATION MUST BE SIGNED BY APPLICANT AND A PARENT IF YOU ARE UNDER THE AGE OF 18.

Please print clearly in ink. Answer each question carefully and **do not leave any blank spaces** as incomplete applications will not be accepted.

You will need to provide the following information with this application:

1) **Copy of Birth Certificate, or other proof of age**

2) **Copy of Social Security Card**

If you do not have a Social Security card, you must bring your birth certificate plus proof of identity to the local Social Security Administration Office and apply for a card
Failure to obtain a Social Security card will mean exclusion from the program.

3) **Documentation of all income in your household (anyone that lives with you in the household)**

A. Public Assistance ~ a copy of the most recent budget sheet or letter verifying benefits received from the Department of Social Services

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State CT Zip _____ SS# _____ - _____ - _____

Home Phone#: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

School _____ Grade _____ SASID (State Assigned Student ID) _____

Date of Birth ____/____/____ Age _____

Gender: (Please circle) Male **Female** Are you head of household? (Please circle): Yes No

Race/Ethnicity: (please circle) (optional) American Indian/ Alaskan Native Black/ African-American White
Asian/ Pacific Islander Hispanic/ Latino Other _____

Disability (please circle) Yes No

Citizenship Status: Are you a U.S. Citizen? (Please circle) Yes No

Have you registered for Selective Service? (Please circle) Yes No Not Applicable

*If Male and 18 or above go to sss.gov for registration.

Education Status (please circle) Student, High School or Less Student, Post HS Dropout HS Graduate

Eligible for free or reduced school meals program (please circle) Yes No (If yes, provide proof)

Eligible for TANF (please circle) Yes No

Family receives SNAP (Formerly Food Stamps) (please circle) Yes No (If yes, provide proof)

Foster Child or Ward of the State (please circle) Yes No

DCF Case Manager Name _____ Phone # _____

SIGNATURE PAGE

Registrant Attestation and Release

I certify that the statements made by me on this application are voluntary, true, and complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatements of facts, I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, Federal or State regulations. I understand and authorize the release of the information to the Workforce Alliance's Summer Youth Employment and Training Program, the authorized entity and partner agencies for regulatory and internal processes associated with determining employment eligibility and payroll procedures.

Code of Conduct Statement

If selected to the program, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at my worksite, I agree to: **1.)** Report to work on time; **2.)** Refrain from the use of profanity or foul language; **3.)** Refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; **4.)** Wear appropriate clothing (*i.e., no excessive jewelry, revealing clothing, do-rags/ bandanas and/or any other clothing deemed unacceptable by my worksite supervisor*); **5.)** Refrain from the use, purchase or possession of any drugs or alcohol; **6.)** Refrain from theft or possession of any stolen property; **7.)** Refrain from any discriminatory behavior towards another individual based on race/ethnicity, economics, disability, religion or sexual preference.

Civil Rights Law

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your Registration. By providing this information, you will assist in assuring that this program is administered in a non-discriminatory manner. This program or activity is an equal opportunity employer/program and auxiliary aids and services are available upon request.

Student (Registrant) Signature - Date

Parent/Guardian Signature - Date



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Pre-Employment Questionnaire

Please complete this pre-employment questionnaire. This will help us provide you with the best possible employment situation if you are selected for the Middletown Summer Youth Employment Program.

Applicant Name: _____ (Required)

Best Phone Number to Reach Applicant: _____ (Required)

Secondary/Backup Phone Number: _____ (Optional)

Email Address: _____ (Optional)

Please answer ALL questions:

Transportation

How will you get to work?

Is it reliable transportation every day? Yes _____ No _____ If no, please explain:

Is your home located on the Middletown Area Transit Bus Line?

Is there any part of Middletown that you cannot get to? If yes, where? Please explain:

Please provide any additional information that you believe is important regarding your transportation situation:

Work Interests

Please rank your interest in the following fields of employment from 1-6.

1 means you are most interested in that field and 6 means you are least interested in that field:

Office Position (clerical, reception work, filing, answering phones, typing) _____

Maintenance Position (landscaping, inside/outside cleaning, custodial duties) _____

Stocking Position (store shelves, aisles, inventory, shipping/receiving, cash register) _____

Camp Counselor/Chaperone (work with young kids, supervise youth recreation) _____

Community Outreach (downtown events, fund raising, community support) _____

Hotel/Restaurant Support (banquet support, busing tables, front desk) _____

Other (write in) _____ ... _____

In your own words, please describe your ideal summer job:

What would you like to do for a career?

Do you have any work experience? If yes, please explain the type of jobs you have performed in the past.

Computer Skills

On a scale of 1-10, with 1 being the best and 10 being the worst, how would you rate your overall computer skills? _____

Using the same scale, please rate your skills and abilities in the following computer programs:

Microsoft Word _____

Microsoft Excel _____

Microsoft Access _____

Photoshop _____

In what capacity have you used a computer in the past?

Do you have any interest/experience in photography? Yes _____ No _____
If yes, please explain:

Do you have any interest/experience in graphic design? Yes _____ No _____
If yes, please explain:

Please provide any other relevant information regarding your computer skills:

Telephone Skills

Are you comfortable talking on the phone? Yes_____ No_____

Would you be comfortable making multiple phone calls on behalf of your host site this summer?
Yes_____ No_____

Would you be comfortable answering incoming calls to your host site and directing the caller to the appropriate person? Yes_____ No_____

Please provide any other relevant information regarding your phone skills:

Hobbies and Interests

What are some of your hobbies and interests?

What activities do you participate in outside of work and school?

Scheduling Conflicts

Are you participating in summer school or any other extracurricular activities this summer? If yes, what is the schedule of these activities?

Are you enrolled in any summer programs of any kind? Yes_____ No_____

If yes, what are the days and times?

Are you planning any vacations this summer? Yes_____ No_____

If yes, what are the dates?

Do you have any other scheduling conflicts for the summer of 2017? Please explain:

Wages

Program participants will be paid \$10.10 per hour worked for a period of six weeks.

Program participants will work between 15 – 20 hours per week depending on the exact level of funding for this program.

To Applicant: Please sign below to affirm that everything in this application is true to the best of your knowledge.

Applicant Signature _____ Date _____

To Parent/Guardian: Please read the disclaimer below and sign on the appropriate line.

I hereby authorize the Middlesex County Chamber of Commerce to communicate with school personnel, physicians, social service agencies, or any other entity for the purpose of helping to qualify my child for employment.

Parent/Guardian Signature _____ Date _____

Any Questions or concerns can be directed to Lorenzo Marshall at the Chamber at 347-6924 or lorenzo@middlesexchamber.com