



# SUMMER YOUTH EMPLOYMENT PROGRAM

Office of Economic and Workforce Development

[www.hiresfyouth.com](http://www.hiresfyouth.com)

❖ ARE YOU BETWEEN THE AGES OF 16 AND 21? ❖

❖ ARE YOU HAVING A HARD TIME FINDING A JOB? ❖

❖ ARE YOU LOOKING FOR YOUR FIRST JOB EXPERIENCE? ❖



Apply for the Summer Youth  
Employment Program!

**\*\*\* Applications are being accepted through Friday, April 29, 2011 only. \*\*\***

Positions are limited and are available until filled, so get your application in early!!

**MAKE SURE YOU  
ARE ELIGIBLE FOR  
THE PROGRAM!**

Go to [www.hiresfyouth.com](http://www.hiresfyouth.com) and  
check that you are eligible for the  
program before you apply!

**MAKE SURE YOUR  
APPLICATION IS  
COMPLETE!**

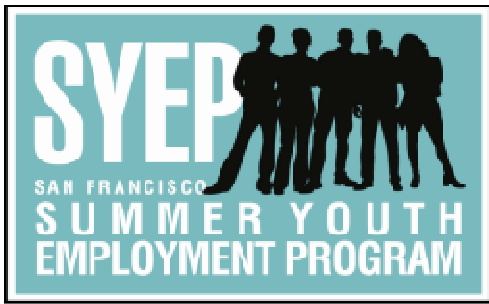
Use the checklist on the next page to make  
sure your application is 100% complete  
when you turn it in! **Only complete  
applications will be considered.**

**TURN IN YOUR  
APPLICATION TO AN  
SYEP PROVIDER!**

Find an SYEP Provider near you to submit  
your application. You can find the list of  
providers at [www.hiresfyouth.com](http://www.hiresfyouth.com)!

**HAVE ORIGINALS  
OF YOUR WORK  
DOCUMENTS!**

If you are offered a position, you will be required  
to show your original work documents. Go to  
[www.hiresfyouth.com](http://www.hiresfyouth.com) for more information.

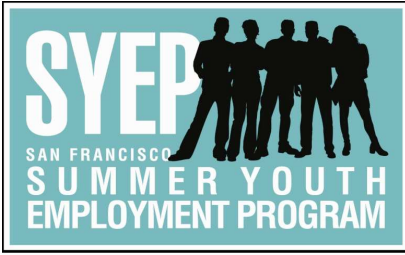


*Put Your Future To Work*

## APPLICATION CHECKLIST

IN ADDITION TO THE APPLICATION, YOU WILL ALSO NEED TO SUBMIT COPIES OF CERTAIN DOCUMENTS. BEFORE YOU TURN IN YOUR APPLICATION, MAKE SURE THAT YOU SUBMIT EVERYTHING THAT IS ON THIS CHECKLIST. **ONLY COMPLETE APPLICATION PACKETS WILL BE CONSIDERED FOR THE PROGRAM.**

✓	WHAT YOU NEED	WHAT YOU NEED TO DO
	SYEP Application	Make sure that all 5 pages of the application are complete, including the emergency form.
	Photo ID	Provide a copy of your photo ID. You can submit any government-issued ID, or a school ID if it has the current school year on it. You can also find a full list of acceptable identification documents at: <a href="http://www.uscis.gov/files/form/i-9.pdf">http://www.uscis.gov/files/form/i-9.pdf</a>
	Social Security Card	Provide a copy of your signed Social Security Card
	Permanent Resident Card	If you have a Permanent Resident Card, provide a copy of it with your application
	Proof of Income	Provide proof of income for everyone in your entire family for the last six (6) months. These documents can include dated paystubs or documents that show someone in your family is receiving food stamps or public assistance. The verification documents should total to the amount on Question 20 of the application.
	Proof of Family Members	Provide documentation for everyone in your household. You can submit social security cards, IDs, or documents that have your family member's name and address on them. The address needs to be the same as yours and you will need proof for every family member you list under Question 19.
	Proof of Barrier to Employment	Once you determine your eligibility and hardship, you will need to provide documentation that proves your barrier to employment. This could include a letter from another agency, a birth certificate for your child, a report card, or official documents.
	Selective Service Registration	If you are male and 18 years or older, you will need to register for Selective Service. You can register online at <a href="http://www.sss.gov">www.sss.gov</a> .
	Signatures	Make sure all signature areas are signed. There are two (2) places for you to sign, and if you are under 18, then there are three (3) places for your parent or guardian to sign. Make sure you get them all!



# 2011 SYEP YOUTH APPLICATION

**COMPLETE APPLICATION IN BLUE OR BLACK INK ONLY**

**APPLICATION DATE:** \_\_\_\_\_

**UNIVERSAL ACCESS ONLY: NO**

## PERSONAL INFORMATION

1. **NAME** \_\_\_\_\_  
LAST FIRST MIDDLE
2. **RESIDENTIAL ADDRESS** \_\_\_\_\_  
APT. # CITY, STATE ZIP CODE
- MAILING ADDRESS (IF DIFFERENT)** \_\_\_\_\_  
APT. # CITY, STATE ZIP CODE
3. **HOME PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **CELL/MESSAGE PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
4. **EMAIL ADDRESS** \_\_\_\_\_
5. **SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. **GENDER**     FEMALE     MALE
7. **DATE OF BIRTH (MONTH/DATE/YEAR)** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
8. **ARE YOU A U.S. CITIZEN?**             YES     NO
- IF NO, ARE YOU ELIGIBLE TO WORK IN THE U.S.?**     NO     YES    **ALIEN DOC NO.** \_\_\_\_\_

## ETHNICITY AND LANGUAGES SPOKEN

9. **ETHNICITY (SELECT UP TO THREE)**

<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> HAWAIIAN	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE
<input type="checkbox"/> CAMBODIAN	<input type="checkbox"/> JAPANESE	<input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> WHITE – NOT HISPANIC
<input type="checkbox"/> CHINESE	<input type="checkbox"/> KOREAN	<input type="checkbox"/> OTHER ASIAN	
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> LAOTIAN	<input type="checkbox"/> BLACK – NOT HISPANIC	
<input type="checkbox"/> GUAMANIAN	<input type="checkbox"/> SAMOAN	<input type="checkbox"/> HISPANIC	
10. **PRIMARY LANGUAGE SPOKEN AT HOME (SELECT ONLY ONE)**

<input type="checkbox"/> ENGLISH	<input type="checkbox"/> CANTONESE	<input type="checkbox"/> TAGALOG	<input type="checkbox"/> JAPANESE
<input type="checkbox"/> SPANISH	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> ASL	<input type="checkbox"/> KOREAN
<input type="checkbox"/> RUSSIAN	<input type="checkbox"/> ARABIC	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> OTHER: _____

## ADDITIONAL INFORMATION

11. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?  NO  YES  NOT REQUIRED

12. DO ANY OF THE FOLLOWING APPLY TO YOU? (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> DISABLED – MAJOR            | <input type="checkbox"/> EXHAUSTED UNEMPLOYMENT  |
| <input type="checkbox"/> DISABLED – SUBSTANTIAL      | <input type="checkbox"/> VETERAN, GREATER THAN 180 DAYS  |
| <input type="checkbox"/> LIMITED ENGLISH PROFICIENCY | <input type="checkbox"/> VETERAN, LESS THAN 180 DAYS   |
| <input type="checkbox"/> SUBSTANCE ABUSE             | <input type="checkbox"/> SPOUSE OF QUALIFYING VETERAN  |
| <input type="checkbox"/> INVOLVED IN JUSTICE SYSTEM  | <input type="checkbox"/> DEFICIENT IN BASIC LITERACY SKILLS  |
| <input type="checkbox"/> PREGNANT/PARENTING YOUTH    | <input type="checkbox"/> HIGH SCHOOL DROPOUT   |
| <input type="checkbox"/> HOMELESS OR RUNAWAY         | <input type="checkbox"/> ENROLLED IN SPECIAL EDUCATION   |
| <input type="checkbox"/> FOSTER CHILD                | <input type="checkbox"/> STUDENT WITH LESS THAN "C" AVERAGE  |
| <input type="checkbox"/> RECEIVING FAMILY TANF       | <input type="checkbox"/> TRUANT  |
| <input type="checkbox"/> RECEIVING FAMILY GA         | <input type="checkbox"/> NON-CUSTODIAL PARENT  |
| <input type="checkbox"/> RECEIVING FAMILY SSI        | <input type="checkbox"/> RESIDENT OF A TARGETED EMPLOYMENT AREA  |
| <input type="checkbox"/> RECEIVING FOOD STAMPS       | <input type="checkbox"/> RESIDENT OF PUBLIC OR SECTION 8 HOUSING   |
| <input type="checkbox"/> ELIGIBLE FOR FOOD STAMPS    | <input type="checkbox"/> EMANCIPATED OR FORMER FOSTER YOUTH  |
| <input type="checkbox"/> TANF EXHAUSTEE              | <input type="checkbox"/> I AM 19 YEARS OR OLDER AND HAVE NOT HELD A JOB FOR MORE THAN 13 WEEKS IN THE LAST 12 MONTHS |
| <input type="checkbox"/> RECEIVING UNEMPLOYMENT      |  |

13. ARE YOU CURRENTLY PARTICIPATING IN ANY OTHER PROGRAMS? (PLEASE LIST PROGRAMS) \_\_\_\_\_

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## EDUCATION

14. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR A GED?  YES  NO

15. ARE YOU CURRENTLY IN SCHOOL?  YES  NO

IF YES, WHAT SCHOOL DO YOU CURRENTLY ATTEND AND CURRENT GRADE LEVEL? \_\_\_\_\_

NAME OF SCHOOL

CURRENT GRADE/YEAR

## FAMILY AND INCOME INFORMATION

16. WHAT IS YOUR CURRENT LIVING SITUATION?

- FAMILY  FOSTER HOME  GROUP HOME  HOMELESS

DO YOU LIVE WITH YOUR PARENTS?  YES  NO

IF YES, DO YOUR PARENTS PROVIDE MORE THAN 50% OF YOUR SUPPORT (INCLUDING CASH, FOOD, CLOTHING, HOUSING)?  YES  NO

17. ARE YOU MARRIED?  YES  NO

18. DO YOU HAVE ANY DEPENDENTS (UNDER 18)?  NO  YES # OF DEPENDENTS \_\_\_\_\_

19. NUMBER OF FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD (IMMEDIATE FAMILY MEMBERS): \_\_\_\_\_

PLEASE LIST ALL IMMEDIATE FAMILY MEMBERS LIVING WITH YOU:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. FAMILY INCOME (PRIOR 6 MONTHS, BASED ON ALL IMMEDIATE FAMILY MEMBERS YOU LIVE WITH): \$ \_\_\_\_\_ . 00

### WORK EXPERIENCE

21. RECENT WORK EXPERIENCE:

\_\_\_\_\_  
COMPANY NAME  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
JOB TITLE AND DUTIES  
\_\_\_\_\_  
BEGINNING DATE AND ENDING DATE

\_\_\_\_\_  
COMPANY NAME  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
JOB TITLE AND DUTIES  
\_\_\_\_\_  
BEGINNING DATE AND ENDING DATE

22. HOW MANY WEEKS IN THE LAST 6 MONTHS HAVE YOU NOT WORKED? \_\_\_\_\_

PLEASE TELL US ABOUT SOME OF YOUR SKILLS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE YOUR CAREER INTERESTS OR WHAT KIND OF JOBS WOULD YOU LIKE TO HAVE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT SIGNATURE

*I understand that the information on this form has been provided to the San Francisco Office of Economic and Workforce Development (OEWD) in order to make the most appropriate employment-related services available to me. San Francisco OEWD has my approval to share this information only with the agencies providing services through or operating the San Francisco OEWD.*

**X** \_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE IF APPLICANT IS UNDER 18

\_\_\_\_\_  
DATE



# Emergency Form

## Summer Youth Employment Program

SHOULD YOUR CHILD NEED MEDICAL TREATMENT WHILE PARTICIPATING IN A SUMMER YOUTH EMPLOYMENT PROGRAM SANCTIONED ACTIVITY, THIS FORM WILL ACT AS BOTH THE INSTRUCTION SET FOR MEDICAL PROCEDURES AND REFERENCE FOR CONTACT.

The original is to be kept at the SYEP Coordinator Office, a copy on file at SYEP Provider Office, as well as a copy at the Worksite.

### PARTICIPANT INFORMATION:

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ San Francisco, CA 94

Date of Birth \_\_\_\_\_

### PARENT/ GUARDIAN CONTACT INFORMATION

Name of Mother/Guardian: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

### IN CASE THE ABOVE ARE UNAVAILABLE, WHO SHOULD WE CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Number Cell Phone/Pager Number \_\_\_\_\_

### CAN YOUR DAUGHTER OR SON:

Receive emergency medical treatment if necessary? Yes No

Be taken to the nearest medical facility? Yes No → If No, please specify the facility your daughter or son should be taken to:

Does your daughter or son have healthcare insurance? Yes No

If Yes: Facility \_\_\_\_\_

Name of Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Address \_\_\_\_\_

Primary Care Physician (if any) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

### MEDICAL HISTORY

Does the participant have allergies to any medications or food products? Yes No

If yes, what are they? \_\_\_\_\_

Does the participant have any medical conditions that we should be aware of? Yes No

If yes, what are they? \_\_\_\_\_

Please list any special instructions regarding the medical treatment of the participant (please include the names of any medications that are take regularly) \_\_\_\_\_

Should the need occur, I authorize the SYEP staff, its affiliated agencies and/or any medical personnel to act in accordance to the above instructions. If in the event that the medical services needed are not clearly addressed above, I authorize the SYEP staff, its affiliated agencies, and/or any medical personnel to exercise their best judgment in providing appropriate medical service.

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

Date \_\_\_\_\_