

Dear Summer Employment Program Applicant

Thank you for your interest in the 2009 Tri-County Summer Youth Employment Program (SYEP). Our goal is to provide eligible youth residents of Penobscot, Piscataquis or Hancock counties, age 16-24, with the opportunity to earn money and gain some practical work experience this summer. For youth who are currently attending school the program is scheduled to begin in late June and will last eight weeks until mid August. For youth who are not returning to school in the fall the program can continue until September 30, 2009 depending on the availability of work projects.

In order to qualify for the SYEP there are several requirements that you will have to meet. These are as follows:

- You must complete an application for the program that will determine whether you are eligible to participate in the program, based on income eligibility as well as other requirements.
- Based on your eligibility we will contact and schedule you for various assessments, training and an orientation prior to the beginning of the program. You must attend and complete all activities before you are placed at a worksite or project for the summer.
- There will be a set of workplace rules of dress and behavior that all participants will be required to follow. These expectations will be explained to you during the orientation meetings.

This summer all jobs will pay a minimum wage of \$7.25 an hour. Most positions will be for 30 hours per week although some may include more hours depending on the needs of the worksite or project.

Applications for the SYEP will be reviewed as they are received so we urge you to complete your application and submit it to the address below as soon as possible:

Training & Development Corporation
45 Oak Street
Bangor, Maine 04401
Attention: Summer Youth Employment Program

If you have any questions as you are completing your application please call 207-561-4076, 561-4055 or 561-4028 and ask for the Summer Youth Employment Program!

Sincerely,

Kathy Coogan
Training & Development Corporation

**Tri-County Workforce Investment Area
American Recovery and Reinvestment Act - Summer Youth Employment Program Application - Part A**

First Name	M.I.	Last Name

Street Address

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City	State	Zip

Mailing Address (If Same leave blank)

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City	State	Zip

Email Address

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Social Security No.	Date of Birth	Telephone #1

Male	Female	Date of Application	County of Residence	Telephone #2

Yes No

A. Are you legally entitled to work in the United States as of today?

B. Have you registered for the Selective Service?

C. Ethnic Group (Check all that apply)

Hispanic Latino Not Hispanic or Latino

D. Racial Group (Check all that apply)

White American Indian or Alaskan Native Asian

Black or African American Hawaiian Native or Other Pacific Islander

E. Enter your highest level of education in years.
(Enter 88 for GED or HS Equivalency)

Please indicate any degrees, certificates or diplomas you have.

Yes No

F. Is English your Native Language?

G. Do you have Limited English Skills?

H. Do you have a disability?

I. Does it substantially limit your ability to work?

Description

J. How many people, including yourself, reside in your household that are related by blood, marriage or decree of court, and are husband, wife, parent, guardian or dependent child?

YES	NO	K. Do you or any of these family members receive?
<input type="checkbox"/>	<input type="checkbox"/>	TANF
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps in the past six months
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Refugee Cash Assistance
<input type="checkbox"/>	<input type="checkbox"/>	SSI
<input type="checkbox"/>	<input type="checkbox"/>	Pell Grant

L. How much did your family earn in the past six months? _____
(Gross Wages) (Note: Some forms of income, such as Unemployment and Child Support, are not counted. Please check with a staff person if you have questions.)

Yes No

M. Are you a Displaced Homemaker?

N. Are you working?

O. Date Last Worked / /

P. Last Hourly Wage \$.

Q. Hours per week

R. Unemployment Compensation Status: (Check one)

- Exhaustee Claimant – Not Profiled and referred Claimant – Profiling status unknown
- None Claimant – Profiled and referred

Yes No

- S. Have you been terminated or laid off from your job?
- T. Have you received a notice that you will be laid off from your job or separating from the military?
- U. Have you participated in Rapid Response Activities?
- V. Were you self-employed and are now unemployed because of the economy OR a natural disaster?

(If you answer yes any question T or W)

Hourly Wage at Layoff or Unemployment \$.

Date of Layoff or Unemployment / /

Yes No

- Homeless or a run-away
- Offender
- Pregnant or Parenting Youth
- Incarcerated Parents (in past 5 yrs)

Yes No

- Foster Child
- Basic Skills Deficient (Reading or Math below 8.9 grade equivalence)
- Youth who needs additional assistance (Locally defined)
- Migrant Youth (Parents or Guardians Migrant or Seasonal Farm Workers)

Education Status: (Check one)

- Student – High School or less
- Student – attending Post High School
- Out-of-school, HS dropout
- Out-of-school - HS grad. w/employment difficulty
- Out-of-school – HS grad. w/no employment difficulty

Yes No

- 1. Did / Does your spouse: (A) Die of a service connected disability, or was killed in action?
(B) Have a total disability, permanent in nature, resulting from a service connected disability.
OR (C) Is he/she a member of the armed forces currently listed as missing in action, captured, or forcibly detained in the line of duty and has been so for more than 90 days?
- 2. Did you serve on active duty other, than training, in the U.S. military? (Air Force, Army, Coast Guard, Navy or Marines)
 Did you serve more than 180 days?
- 3. Did you serve in the Reserves or National Guard on active duty, other than training, for more than 180 days?
- 4. Are you currently on active duty in the United States Military?
- 5. Are you currently on active duty and within 24 months of retirement OR within 12 months of separation?
What is your expected retirement/separation date? / /
- 6. Are you in receipt of a campaign badge or expeditionary medal awarded for your service in the U.S. Military?
- 7. Do you have a service connected disability rated with the Unites States Veterans Administration?
If yes, is your Rating: None 0% - 20% 30% or Higher
- 8. Have you been released from active duty in the United States Military within the last 48 months?
- 9. What is your date of most recent discharge? / /
- 10. Was the nature of your most recent discharge or release from the United States Military?
 Honorable Other than Honorable Dishonorable

The programs and activities funded under WIA are equal opportunity employer/programs, and auxiliary aids and services are available to individuals with disabilities upon request. I have read and/or had the Customer Right to file a Complaint explained to me, and have been given a copy. I understand my rights to file a Complaint, and I understand that I can ask for help in filing one.

If selected, I agree to participate in the Customer Satisfaction Survey conducted by Digital Research, Inc. for the Department of Labor.

I attest that all the information given to support my WIA application is accurate to the best of my knowledge. I give my permission to check any sources deemed necessary to verify my eligibility. I understand that my social security number will only be used by the Department of Labor or its designees as necessary in training administration processes carried out in accordance with established regulations. The information I provide on this application will be treated as confidential.

Applicant Signature _____ Other Signature _____

Intake Worker _____ Certification Date: _____ / _____ / _____

Reviewer _____ Review Date: _____ / _____ / _____ Rev 4/8/09

**Tri-County Summer Youth Employment Program
Part B - Job Matching Information Sheet**

Responses to the following will assist the program in making appropriate matches to available worksites or projects in the event that you are selected for participation this summer.

Name: _____
(Last) (First) (M.I.)

Address: _____

Phone Number: _____ - _____ Social Security Number _____ - _____ - _____

1. Please list the towns / cities you would be able to get dependable transportation (to and from) on your own, enabling you to work some distance from your home.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

2. What types of work preferences do you have? Check all that apply.

- a. Working Indoors _____
- b. Working Outdoors _____
- c. Working with Tools/Equipment _____
- d. Working with People _____
- e. Working Individually _____
- f. Working as Part of a Team _____
- g. Use of Computers _____
- h. Other (Specify) _____

3. What type of job interests you? _____

4. What kinds of things do you like to do in your spare time? _____

5. Do you have a career Goal? _____ Yes _____ No

What is it? _____

6. Do you have a request for a specific worksite or job? If so, why?

Worksite: _____

Reason: _____

**Tri-County Summer Youth Employment Program
Part B - Job Matching Information Sheet**

7. Support Services Needed:

Do you have your own transportation? _____ Yes _____ No (Check one)
If no, do you need assistance with transportation? _____ Yes _____ No
Do you have a valid driver's license? _____ Yes _____ No
Do you have the need for childcare? _____ Yes _____ No

If so, please explain

8. Do you need / want additional assistance in order to work? _____ Yes _____ No
(Job Coach or Other) If yes, please explain: _____

9. Health

a. Are you taking any medications? _____ Yes _____ No
b. Do you have any allergies? _____ Yes _____ No

If yes, please specify: _____

10. Participation

If selected, will you be able to work the entire length of the program? _____ Yes _____ No

If No, please explain _____

11. Are you required to attend summer school to stay with your class to graduate? _____ Yes _____ No

If yes, please list the following:

Course (s) _____

School _____

Dates _____ Time _____

Contact Person _____

Phone Number _____ - _____