



Finger Lakes Works PY20 Youth Program Application

A proud partner of the [AmericanJobCenter](#) network

Thank you for your interest in the Youth Career Readiness and Employment Program! Please complete this application and call the number below to schedule an interview. You may be asked to provide some or all of the documents listed below at the interview. You can also mail the application to the address below and we will call you to schedule an interview. Please make sure you provide a phone number that is able to take messages.

- _____ Birth Certificate
- _____ Social Security Card
- _____ Proof of address (such as driver's license or envelope with your name and address)
- _____ Photo ID
- _____ Original Work Permit if under 18 (**no copies please, must be original**)
- _____ Selective Service Registration Acknowledgment Letter (for males 18 or over)
- _____ Income Verification

Yates County Workforce Development Office
417 Liberty St, Suite 2051, Penn Yan, NY 14527
Christine Yonge, Employment & Training Counselor-Youth Programs
315.536.5140, ext. 4 or text: 315.694.1043
Christine.yonge@dfa.state.ny.us



Workforce Opportunities • Workplace Solutions

NY# _____ (Office Use Only)

FINGER LAKES WORKS

Youth Program Application

Required items are indicated with asterisk * and **bold** type - Please print clearly **Date:** _____

* **1. Last Name** _____ * **2. First Name** _____ 3. M.I. _____

* **4. Social Security #** _____ - _____ - _____

* **5. Street Address** _____

* **6. City** _____ * **7. State** _____ * **8. Zip Code** _____

* **9. County** _____ 10. Country, if not US _____

* **11. Date of Birth** ____/____/____ * **12. Gender:** Male Female

* **13. Phone** _____ * **14. Message Phone** _____
 (____) _____ - _____ (____) _____ - _____

15. E-Mail Address

* **16. Are you a US Citizen?** Yes No **If not, are you authorized to work in the United States?** Yes No

17. Race: Alaskan/American Indian Asian (not Hispanic) Hawaiian/Pacific Islander
 White (not Hispanic) Black, or African American Other

18. Ethnicity: Hispanic or Latino Not Hispanic or Latino

Note: Question 17 and 18 above are voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer

* **19. Education (Circle highest grade completed)**

Highest Grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Last Day Attended School: _____

Did you receive: ____ HS Diploma ____ HSE/GED ____ Certificate/IEP ____ CDOS Credential

College: Bachelor's Degree Associate Degree Vocational Degree Some College/Vocational Training

* **20. Are you currently attending any educational facility?** Yes No If yes, where _____

* **21. Are you currently employed:** Yes No

* **22. How many weeks were you out of work in the last 26 weeks (6 months) _____?**

***23. Are you or any member of your household receiving any public assistance?** Yes No
(such as Family Assistance/Safety Net, Medicaid, SNAP, HEAP, and SSI)

If you answered yes to question 23 please indicate what public assistance you are receiving _____

***24. Are you currently or have you previously been in Foster Care?** Yes No

***25. Are you a person with a disability (including an IEP/504 plan while you were attending school)?**
 Yes No Not disclosing

NOTE: Question 25 is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.

26. Are you a Migrant/Seasonal Worker? Yes No

***27. Is English your primary language?** Yes No If no, what is your primary language _____

***28. Have you ever been convicted of a crime or been involved in the criminal justice system?** Yes No

***29. Are you an individual that is pregnant or parenting?** Yes No

***30. Are you currently or have you previously received treatment or counseling for alcohol or substance abuse?**
 Yes No

***31. Do you currently have a fixed, regular, and adequate nighttime residence?**
 Yes No

***32. Circle all the agencies/programs you are currently working with or in pending status with:**

ACCES-VR Probation/Pins HSE/GED Classes Job Corps NYS Commission for the Blind HUD/Housing Authority
FLACRA/Substance Abuse Treatment Mental Health/Counseling Cash Assistance and/or SNAP Military Job Coach
Other(s): _____

***33. Are you a veteran?** Yes No

Dates of Active Service ___/___/___ through ___/___/___

***34. Type of job desired** (Job title) _____

35. Which kinds of jobs are acceptable? Work Week: A. Any Full-time Part-time
Duration: B. Regular Regular or Temporary Temporary

36. Salary Required \$ _____ per Hour Day Week Month Year Unspecified Other

37. Date you are available for work _____/_____/_____

38. Which shifts are you willing to work? Any First Second Third Split Rotating

***39. How do you prefer to be contacted?** (Check as many as apply)

Mail Phone Message Phone E-Mail Text

***40. How many miles are you willing to travel for work?**

Within 5 10 25 50 100 200 miles of zip code _____

41. Work History

Complete all required items for each employer. Enter the most recent employment first.

A. *Job Title _____ *Employer _____
*Address _____
*Wage _____ per _____ Hours per week _____
*City _____ *State _____ *Country, if not US _____
*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____
*Reason for Leaving _____
*Job Duties: _____

B. *Job Title _____ *Employer _____
*Address _____
*Wage _____ per _____ Hours per week _____
*City _____ *State _____ *Country, if not US _____
*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____
*Reason for Leaving _____
*Job Duties: _____

C. *Job Title _____ *Employer _____
*Address _____
*Wage _____ per _____ Hours per week _____
*City _____ *State _____ *Country, if not US _____
*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____
*Reason for Leaving _____
*Job Duties: _____

42. Do you have a driver's license? Yes No If no, do you have a learner's permit? Yes No

Issuing State _____ What type of license do you have? Class A (Tractor Trailer) Class B (Truck/Bus)
 Class C (Light Truck Com'l.) Class Cn (C-non-CDL)
 Class D (Operators) Class E (Taxi)
 Class M (Motorcycle)

43. Do you own or have access to a vehicle? Yes No

44. Do you need public transportation to get to a job? Yes No

45. Do you have an occupational license or certification (ex: ServSafe, Forklift, CNA)? Yes No

If you answered No, go directly to question 45.

***Certification/License:** _____ Issue Date: ___/___/___

***Issuing Organization or Locality:** _____ State _____ ***Country** _____

Additional License/Certification: _____ Issue Date: ___/___/___

Issuing Organization or Locality: _____ State _____ Country _____

***46. Do you have a degree, diploma or educational certificate?** Yes No *If you answered No, go directly to item 47.*

***Course of Study** _____ ***Degree** _____ Date Completed (month/year) ___/___

***Issuing Institution** _____ ***State** _____ ***Country** _____

Additional degree, diploma or educational certificate:

Course of Study _____ Degree _____ Completed (month/year) ___/___

Issuing Institution _____ State _____ Country _____

***47. Job Skills: List at least one.**

Include skills and abilities that you used in your job(s) or that you acquired through school or training. For example, auto mechanic, carpentry, welding, typing, computer hardware/software, etc. Indicate any foreign languages in which you are fluent

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

48. List any honors you have received or outside activities you participate in: _____

I certify that the information on this application is true and has been provided without any intent to defraud. I acknowledge that I may have to provide documents to verify the information on this application. If I am found ineligible after enrollment, I will be subject to immediate termination. I authorize release of information in this application for verification purposes and understand that it will only be used to determine eligibility. I also certify that, if required, I have applied for registration under the military selective service act.

Males Only: I meet the requirements of Section 3 of Military Selective Act Yes No

I understand that if determined ineligible I have the right to appeal the determination.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if under 18: _____ Date: _____

****OFFICE USE ONLY****

Eligibility Determination:

Is the applicant eligible for enrollment in a WIOA Program? Yes No

If no, list reason _____

WFD Counselor Signature _____ DATE: _____

DEV Verification: By: _____ Intake Forms Complete
Title: _____ Eligible
Date: _____

Citizenship/Alien Status _____ Selective Service Status _____ Family Income _____
Birth Date/ Age _____ Social Security Number _____ Number in Family _____
Labor Force/UI _____ Address _____

WIOA Eligibility (check all that apply and circle Primary barrier):

- School Dropout Foster Care Justice System
- Pregnant/Parenting Individual w/ disability Homeless/Runaway

- Low Income AND Diploma/HSE AND :
 Basic Skills Deficient OR English language Learner
- Low Income AND Needs Additional Assistance (local priority, below):
 Poor work history At Risk Substance Abuse Veteran Noncustodial Underemployed DV

Emergency Contacts

Youth Name _____ Age _____

Address _____ Phone # _____

Today's Date _____

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Finger Lakes Works WIOA Youth Program Basic Skills Assessment Form/Release of Information



Student Name: _____ Date of Birth: _____

Address: _____

County of Residence: _____ School District: _____

****TO BE COMPLETED BY PARENT/GUARDIAN UNLESS OVER 18 YEARS OLD****

I, _____, authorize the school district noted above to provide the information that is being requested to the ___YATES___ County Office of Workforce Development.

Signature (Parent/Guardian if under 18)

Date

The above office is granted permission to receive the following items:

- Most recent Report Card
- IEP Plans
- Training Facility Records such as Vocational Education Programs
- Progress and Attendance Records
- Psychological Evaluations
- CDOS/Employability Profile
- High School Diploma/Transcript

****TO BE COMPLETED BY SCHOOL DISTRICT OFFICE ONLY****

1. What is the highest grade level completed? Grade _____
2. Based on standardized test scores, what was/is the youth's grade level in:
Reading _____ Math _____
3. Was/is the youth classified by the Committee for Special Education?
YES NO If yes, what was the classification: _____
4. Was/is the youth enrolled in a remediation program(s) during the last school year?
YES NO If yes, which program(s): _____
5. What is the last date attended: _____
6. Other comments: _____

COMPLETED BY (Name & Title): _____ **DATE:** _____

Please return to:

Yates County Workforce Development – ATTN: Christine Yonge, 417 Liberty St. Penn Yan, NY 14527

Rev. 12/2018

WIOA Youth Program Addendum

1. Why do you want to work? _____

2. Have you ever participated in the Summer Youth Employment Program (SYEP)? Yes No

If yes, where did you work? _____

3. If you are currently attending any type of school or classes, including TASC (formerly GED), please complete the following:

Name/Location of School: _____

Name of Counselor or Instructor: _____

Last Grade Completed None 1 2 3 4 5 6 7 8 9 10 11 12

HS Graduate

TASC (aka GED/HSE) Diploma

IEP

CDOS

4. If you have a disability, please describe it and any accommodations or treatment. _____

5. Work History: If you have *work and/or volunteer experience*, please put as much information in this section as possible.

Employer _____	Your Job Title _____	
Address _____		
Start Date ____/____/____	End Date ____/____/____	Supervisor _____
Reason for Leaving _____		
Job Duties: _____		
What did you like about this job? _____		

Employer _____	Your Job Title _____	
Address _____		
Start Date ____/____/____	End Date ____/____/____	Supervisor _____
Reason for Leaving _____		
Job Duties: _____		
What did you like about this job? _____		

6. In what towns or villages can you work? _____

How will you get to and from work? _____

7. What is your career interest? _____

8. Please indicate the type of work you would be willing to do. Please circle **at least 2** or more.

- | | | |
|----------------------|-----------------------------------------------------|----------------------|
| Work with Children | Office/Clerical | Food Service |
| Nursing Home/Elderly | Cleaning | Computers/Technology |
| Library | Recreation Aide | Laundry/Housekeeping |
| Farm work | Retail / Customer Service | Highway/Street |
| Rehabilitation Aide | Custodial/Janitorial | Outdoor work |
| Work with Animals | Work with people with
Developmental disabilities | Other: _____ |

9. Do you have a driver's license? Yes No Learner's permit? Yes No

Do you want to get your driver's license? Yes No Unsure

10. Do you have weekly appointments that may limit your work schedule (Counseling, probation, court, etc.)? Yes No If yes, what and when _____

11. Do you have any health problems that will limit your ability to perform certain jobs?
 Yes No If yes, please explain: _____

12. Computer Skills: Microsoft Office Internet search Google Docs Social Media

13. Family Size: List everyone (including you) living in the house. Include their age and if working, their wage information.

<u>NAME</u>	<u>AGE</u>	<u>Weekly earnings from employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Additional comments: _____

Finger Lakes Works Youth Employment Program

PHOTO RELEASE FORM

I, _____, authorize the Finger Lakes Works - YATES County to record and use still photographs, video recordings and audio recordings of me for the Youth Employment Program.

Finger Lakes Works and YATES County hereby has the right to use my name and county that I live in, and to use and modify photographs and any recordings of me for promotional purposes. I understand that I may be a part of promotional content in presentations, on the World Wide Web, on television, in brochures, and other mediums and that I may not receive monetary compensation.

The photographers, producers, county employees, Finger Lakes Works, and others involved in authorized productions are not liable for any issues of claims arising from use.

_____ Name (print)	_____ Signature	____/____/____ Date
_____ Parent/Guardian name (print) if under 18	_____ Signature	____/____/____ Date

FINGER LAKES WORKFORCE INVESTMENT BOARD
STEPS IN RESOLVING WIOA-RELATED COMPLAINTS/GRIEVANCES AND AFFIRMATIVE ACTION

Workforce Innovation and Opportunity Act (WIOA) participants are entitled to the right of issuing and having resolved complaints relating to their participation in the programs offered under the Workforce Innovation and Opportunity Act (WIOA). All complaints/grievances must be filed within 180 days of the alleged WIOA related occurrence. If you have a Workforce Innovation and Opportunity Act (WIOA) related COMPLAINT, here are the steps available:

I. Informal Conference

Immediately discuss any problems, complaints, etc., with your Workforce Development Specialist, Worksite Supervisor, Employer or Instructor. Typically most complaints are resolved through open discussions. If the type of complaint/grievance is of a nature that cannot be resolved in this stage or if it was not informally resolved, then an Informal Resolution will be used.

II. Informal Resolution

At this stage, it is necessary that you obtain a form entitled "Notice of Complaint (WIOA 105.1) from your County Workforce Development Office or Career Center. Complete this form and return it to the County Workforce Development or Career Center Grievance Officer.

The Grievance Officer will schedule an Informal Resolution Conference within five (5) days after receiving the Notice with you and other persons whom the Grievance Officer believes should be present.

Within fifteen (15) days after the Informal Resolution Conference, the Grievance Officer will issue an Informal Resolution Conference Report (WIOA 105.2) to all parties which will include a section on the recommended disposition of the complaint/grievance.

III. Formal Hearing or Mediation

If any of the parties in an Informal Resolution Conference believes that the disposition of the complaint/grievance is not appropriate, they may request the complaint to be resolved through mediation or they may continue with a Formal Investigation. This request must be made in writing, and must be received within ten (10) days after receipt of the Informal Resolution Conference Report.

Within the ten (10) days after receipt of the request for Mediation or formal investigation, the Finger Lakes Workforce Investment Board Equal Opportunity Officer will schedule mediation or a formal hearing. Within sixty (60) days after, the Grievance Officer schedules mediation or the formal hearing, the equal opportunity officer will issue his/her findings and recommendations for the complaint grievance.

IV. Appeal

If you do not receive a decision within sixty (60) days of filing a complaint or if any party believes that the findings and recommendations are unsatisfactory, they may appeal to the Governor and to the United States Department of Labor. Information relating to the procedures will be provided by the Finger Lakes Workforce Investment Board.

To identify your local Workforce Innovation and Opportunity Act Equal Opportunity Officer, contact the Finger Lakes Workforce Investment Board at 41 Lewis Street, Suite 104, Geneva, New York 14456. The telephone number is (315) 789 - 3131.

AFFIRMATIVE ACTION

Workforce Innovation and Opportunity Act participants are entitled to the right of issuing and having resolved complaints relating to matters involving equal opportunity/affirmative action. If you believe you have been discriminated against due to race, color, religion, sex, national origin, age, political affiliation or belief, citizenship or participation in WIA, you can file a complaint directly to the Director, Civil Rights Center (CRC), United States Department of Labor, 200 Constitution Avenue, NY, Room H-4123, Washington, DC 20210.

Complaints based upon disabilities will be addressed through the Workforce Innovation and Opportunity Act Related Complaints/Grievance Procedure described above. Affirmative Action Complaints must be filed within 180 days of the alleged occurrence.

=====

I have been given a copy of the outline entitled "Steps in Resolving WIOA-Related Complaints/Grievances".

SIGNATURE

DATE

PRINT NAME

WITNESS/TITLE

EQUAL OPPORTUNITY is THE LAW

It is against the law for all recipients of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to such a program or activity; or making employment decisions in the administration of, or in connection with such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:



Michael Woloson

Name of Recipient E.O. Officer:

Finger Lakes Workforce Investment Board, Inc.

Name of Organization:
41 Lewis Street, Suite 104

Geneva, New York 14456

Address:

315-789-3131 ext. 103

Phone:

mwooson@fingerlakesworks.com

E-mail:

Director

Division of Equal Opportunity Development
New York State Department of Labor
State Office Campus, Building 12, Room 540
Albany, New York 12240

PHONE: 518-457-1984

(TDD) 1-800-662-1220

(VOICE) 1-800-421-1220

or you may file a complaint directly with:

Director

Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW
Room N-4123
Washington, D.C. 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.