



Workforce Opportunities • Workplace Solutions

# Finger Lakes Works Youth Program Application

A proud partner of the  American Job Center 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

Seneca County Workforce Development  
1 DiPronio Drive  
Waterloo, NY 13165  
Attn: Deb McGrimley, Youth Counselor  
(315) 539-1901



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# 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** \_\_\_\_\_

**\*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 26 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?**  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  If Yes, check one of the following:

Migrant Farm Worker  Migrant Food Processor  Seasonal Farm Worker

**\*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 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 If yes, answer question 31.

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)

Endorsements:  Passenger Transport  Hazardous Materials  Tank Vehicles  Motorcycle  
 School Bus  Doubles/Triples  Tank Hazard  Air Brakes

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. Jobs 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 \_\_\_\_\_

WD 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:**

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

- 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

Your Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

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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

## 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 Seneca County Office of Workforce Development.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

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

- Report Cards
- IEP Plans
- Training Facility Records such as Vocational Education Programs
- Progress and Attendance Records
- Psychological Evaluations
- CDOS/Employability Profile

## 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 day attended: \_\_\_\_\_
6. Other comments: \_\_\_\_\_

**COMPLETED BY (Name & Title):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Return to appropriate location:

- Ontario County Workforce Development, 3010 County Complex Drive, Canandaigua, NY 14424
- Seneca County Workforce Development, 1 DiPronio Drive, Waterloo, NY 13165
- Wayne County Workforce Development, 1519 Nye Road, Lyons, NY 14489
- Yates County Workforce Development, 417 Liberty Street, Penn Yan, NY 14527