

SIGNATURE PAGE

Registrant Attestation and Release

I certify that the statements made by me on this application are voluntary, true, 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

2021 CT SUMMER YOUTH EMPLOYMENT PROGRAM
APPLICATION INSTRUCTIONS

Name of Applicant_____

Dear Youth, Parents and Legal Guardians:

Please read the entire application carefully before submitting. The 2021 CT Summer Youth Employment Program is intended to provide early work experiences, career exploration, leadership development, mentoring (in person or virtual) 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. This process can take upwards of two weeks to complete. Please plan accordingly.
- 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
 - B. **Unemployment Compensation**~ a copy of the Unemployment Compensation Benefits grant letter (not form UC-58AB)
 - C. **Social Security** ~ a copy of the most recent SSD or SSI grant letter or monthly check
 - D. **Employment**~ copy of the last four (4) paystubs for you or any family member employed within the last six (6) months.
- 4) **Documentation of a disability (if applicable)**
- 5) **If you are a male 18 or older proof that you have registered for Selective Service**
(If applicant is required to register go to sss.gov and do so. Print confirmation).
- 6) **Family Information section (p. 3—household composition) must be completed entirely.**

PERSONAL INFORMATION	
----------------------	--

Last Name _____ First Name _____ Middle _____

Street Address _____ Apartment/Floor #: _____

City _____ State CT Zip _____ SS# _____ . _____ . _____

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

E-mail Address: _____

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

Date of Birth ____/____/____ Age _____

Gender: (Please circle) ☐ Male ☐ Female ☐ Transgender/DK/Other

Are you head of household? (Please circle): Yes No

Race/Ethnicity: *(please circle)* **Black** **Native American** **White** **Multi** **Asian/Pacific Islander**

Hispanic/Latino Other/Don't Know/Refused

Disability (please circle) Yes No If yes please describe: _____

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 and print for confirmation. Provide with application.

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	(If yes, provide proof)

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 _____ Phone # _____

BARRIERS TO EMPLOYMENT (Circle all that apply)

- ☐ Offender ☐ Homeless ☐ Single Parent
☐ Runaway youth ☐ Basic literacy Skills Deficient ☐ Limited English
☐ Pregnant or parenting ☐ Lack of Transportation ☐ Other Barrier
☐ Substance Abuse History

Do you require any special assistance or accommodation in order to perform the duties of the worksite? (please circle) Yes

No If Yes, please describe _____

Are you attending summer school? (please circle) Yes No If yes please list hours: _____

FAMILY INFORMATION

*Various funding sources have different guidelines. Please complete this section.

*Various funding sources have different guidelines. Please complete this section.

HOUSEHOLD COMPOSITION
*Please list everyone that lives in your household

*Please list everyone that lives in your household

[illegible]

Make sure to sign the back page (Parent/Guardian if required and student/applicant).