

Niagara County Employment & Training Young Adult Employment Program IN-SCHOOL

TROTT Access Center 1001 11th Street, Niagara Falls, NY 14301

Niagara Falls: (716) 278-8582, Lockport: (716) 278-8233 or (716) 243-6410

Niagara County's Young Adult Employment Opportunities Program

- **A High School Senior**

The In-School Year Round Young Adult Program is a WIOA funded program that provides eligible Niagara County Residents, ages, 16-21 with assistance in completing an educational program and/or securing and maintaining employment.

The goals of the program are to assist participants with:

- Obtaining unsubsidized employment
- Enrolling in post secondary education
- Attaining a degree or certificate
- Increasing literacy & numeracy
- Work readiness skills

-All participants must take the Test of Adult Basic Education to establish a current literacy level.

Opportunities for Participants

Gain Job Search Skills - Through completion of work readiness curriculum, workshops, and one on one appointments we build and refine your job search skills. Together we discuss interests and career pathways. The Niagara County Young Adult Employment Opportunities Program provides participants with job leads and referrals as well as a foundation to successfully locate job listings, apply to jobs and maintain employment.

Gain Hands on Experience: Earn up to \$1040.00 - We will be able to hire *some* of our in school participants. To be eligible for employment you must demonstrate a commitment to the program by attending appointments/workshops and actively looking for unsubsidized employment. We will also look at school attendance when selecting participants for employment. Your interests, skills and abilities will be evaluated to determine the best employment for you. All potential employees must pass a pre-employment physical & drug screen paid for by Niagara County Employment & Training. You will be paid New York State minimum wage of \$10.40 an hour.

One-on-One Assistance - with **job search, resume, cover letter & thank you letter writing**, defining **soft skills** employers look for, and how to **interview and make a good impression**.

Earn up to \$475 for - Monthly job search, finding and retaining a job, receiving your diploma and enrolling in college.

How do I apply?

Complete the attached application as thoroughly as possible. Additional applications are available at Niagara County One-Stop Centers and online at www.worksource1.com. Applications can be mailed or returned in person to the address above, **Monday – Friday**, between the hours of **8:30am – 3:30pm**. You will also need the following documents:

- Proof of Date of Birth: Birth Certificate or ID issued by Department of Motor Vehicle or Social Service Record
- Photo ID (Copy)
- Proof of Address
- Males who are 18 years of age or older must present evidence that they have registered for Selective Service in compliance with Section 3 of the military Selective Service Act. Registration verification can be found at the Selective Service website: www.sss.gov/RegVer/wfVerification.aspx
- **Depending on your situation, proof of income and additional documents may be requested.**

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Name: _____ Social Security # _____ Date of Birth _____ Age _____

Address: _____ Registered with Selective Service? (Males 18 and over)
Street City Zip code Yes Sel. Service # _____ No

Phone Number _____ Message Number _____

E-Mail _____@_____.com Facebook _____

How did you hear about this opportunity? _____

How do you think this opportunity can assist you? _____

What have you accomplished in your life that you are most proud of? _____

Are you employed now? Yes No If you have worked please list the job(s) below:

Business Name _____ Dates Worked _____ to _____

Address _____
Street City State Zip Code

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Business Name _____ Dates Worked _____ to _____

Address _____
Street City State Zip Code

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

CHECK ALL THAT APPLY

School Status:

- In-school, High School **What Grade?** _____ **Name of School** _____
- In-school, Alternative School (Defined by the NYS Education Department as NYS public alternative education includes any nontraditional environment that provides a comprehensive elementary, middle or secondary curriculum) **Name of School** _____
- In-school, Post-Secondary School **Name of School** _____

Barriers (youth must have one or more barriers):

- Basic skills deficient (Determined after taking the TABE)
- An English language learner
- An offender (been subject to any stage of the criminal process, and for whom services under this Program may be beneficial; or who requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction)
- Homeless Individual (aged 16-21), homeless child or youth, or a runaway
- An individual in foster care or who has aged out of foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under sec. 477 of the Social Security Act, or in an out-of-home placement
- Pregnant or parenting
- Is an individual with a disability

Low Income Eligibility (required for all in-school youth):

- TANF
- General Assistance (State/Local)
Specify: _____
- RCA – Refugee Cash Assistance
- Social Security Insurance (SSI)
- Lives in a high poverty area (Employment & Training will make this determination based on your address)
- SNAP
- Medicaid
- Homeless (as defined under the **Barriers** section of this document)
- Receives or is eligible to receive a free or reduced price lunch
- Is a foster child
- Has a disability (participant's income would count as a family size of 1)

OVER PLEASE

FAMILY HOUSEHOLD INCOME WORKSHEET (only required if using the Poverty Level, LLSIL or family size of 1 for youth with disabilities to prove low income)

REQUIRED TIME PERIOD ** 6 MONTHS PRECEDING APPLICATION

Participant Family Household Size: _____ <input type="checkbox"/> Check if Participant is Disabled (Family of One)	INCLUDED INCOME	EXCLUDED INCOME
	Gross Wages	Public Assistance
	Retirement/Pension/Military Retirement	S.S.I.
	Alimony	S.S.D.I.
STAFF use only: Enter the 70% LLSIL or Poverty Level for the Family Size below: (STAFF:use the higher of the current LLSIL or poverty chart) _____	Workmen's Comp	S.S. Survivor
	Black Lung Benefits	Military pay and allowances received by a family member on active duty
	Rental Income	
	UI	

Family Member Name (only list members in the same household)	Relationship	Income For The Past Six Months
1.	SELF	
2.		
3.		
4.		
5.		
6.		
Total Family Income For The Past Six Months =		_____
Annualized (multiply by 2)=		_____

Applicant:

*I give permission for the **Niagara County Employment & Training Youth Employment Program** to contact my school to obtain additional information including: report card, graduation information, IEP, college, employment etc. I give the Niagara County Employment & Training Department permission to verify my Selective Service Registration. I also give the Niagara County Employment & Training Department permission to verify my case number, cash and SNAP amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. I attest that the information I have provided is true and correct to the best of my knowledge.*

Applicant Signature

Date

Parent/Guardian: Must Sign if Applicant is under 18

*I give permission for my child to participate in the **Niagara County Employment & Training Youth Employment Program**, and for the program to contact my child's school to obtain additional information including: report card, graduation information, IEP, college, employment etc. I also give the Niagara County Employment & Training Department permission to verify my and/or child's case number, cash and SNAP amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. I attest that the information I have provided is true and correct to the best of my knowledge.*

Parent/Guardian Signature

Date

COMPLETION OF THIS FORM DOES NOT INDICATE ACCEPTANCE INTO PROGRAM