

Niagara County Employment & Training Young Adult Employment Program OUT of SCHOOL

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

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

Own Your Future – Niagara County’s Young Adult Employment Opportunities Program

- 16-24 yrs old NOT attending high school or college
- 16-24 yrs old ARE attending Test Assessing Secondary Completion (TASC) Classes or Job Corps

The Year Round Young Adult Program is a WIOA funded program that provides eligible Niagara County Residents, ages, 16-24 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 TASC class or post secondary education
- Attaining a degree or certificate
- Increasing literacy & numeracy
- Work readiness skills

-If you do not have your High School Diploma, TASC or General Education Diploma (GED), you must enroll and attend TASC class.

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

Opportunities for Participants

Gain Hands on Experience: earn up to \$2,080 - We are able to hire most of our Out of School participants. To be eligible for employment you must demonstrate that you possess work readiness skills and have at least 90% attendance if you are enrolled in TASC class. You must also agree to meet with a counselor regularly and to conduct an active job search, verifying that you have applied for at least two jobs per week. All potential employees must pass a pre-employment physical & drug screen, paid for by Niagara County Employment & Training. Your interests and skills will be evaluated to determine the best employment for you. 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 \$500 for - Monthly job search, finding a job, enrolling in college or the Military, obtaining workplace certifications, and completing Career Zone Assessment.

How do I apply?

Complete the attached application as thoroughly as possible. **It is part of our hiring process.**

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? _____

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

Why should we hire you? _____

What type of work would you like? _____ When are you able to start? _____

Are you interested in training? Yes No If yes, what type? _____

Are you employed now? Yes No **PLEASE LIST PAST EMPLOYMENT:**

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:

Not In-School Graduated Year _____ Dropped out Year _____
In School Attending Job Corps TASC(if attending High School use in-school application)

Barriers (Applicant must have one or more barriers):

- A High School dropout
- Is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter
- 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, homeless child or youth or a runaway up to age 24
- 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
- *A recipient of a secondary school diploma or its recognized equivalent and is basic skills deficient(determined after taking the TABE) (has to be low income – go to **Low Income** section if using this for eligibility)
- *A recipient of a secondary school diploma or its recognized equivalent and is an English language learner (has to be low income – go to **Low Income** section if using this for eligibility)
- *Requires additional assistance to enter or complete an educational program or to secure or hold employment (has to be low income – go to **Low Income** section if using this for eligibility)

Income

- 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 (youth's income would count as a family size of 1)

OVER PLEASE

FAMILY HOUSEHOLD INCOME WORKSHEET

(only required if using the Poverty Level, LLSIL 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	
	Child Support	

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 and/or enroll in Selective Service Registration and the NY Youth Jobs Program. 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 my 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 and enroll my child in the NY Youth Jobs Program. I attest that the information I have provided is true and correct to the best of my knowledge.*

Parent/Guardian Signature **Date**