

**Niagara County Employment & Training Young Adult Employment Program IN-SCHOOL**  
Trott Building, 1001 11<sup>th</sup> Street, Niagara Falls, NY 14301 ♦ 716.278.8238

## **For High School Seniors**

### **Own Your Future – Earn Money Working, and Working Toward Your Goals**

If you are a high school senior who lives in Niagara County, you may qualify for the Young Adult program.

#### **If eligible, you can:**

- **Earn money working** on our payroll. **Earn up to \$1,664!**
- Earn money working toward your goals, such as getting your high school diploma or a training certificate, enrolling in college, applying for jobs, or gaining a job. You could **earn an extra \$500!**
- Gain a letter of recommendation for college or work!

#### **We will work with you to:**

- **Gain job search skills and connect to local employers.** We work with hiring managers throughout Niagara County, and they post their job openings with us. We know how to talk to employers, what your resume should look like, and how to get you hired.
- **Explore your career options.** We can talk about how to find low-cost or no-cost training, or how to figure out what type of job is best for you.
- **Gain work experience.** We will pay you to work a job near your home. You will need to show us your commitment by attending appointments or workshops and actively looking for a long-term job. We will talk about your interests, skills, and abilities to find the best job for you. You will earn \$10.40 per hour. You will need to pass a pre-hire physical and drug screening, paid for by the Own Your Future program.
- **Talk one-on-one.** We will talk with you about your career goals, and how to prepare for and make a good impression on an interview. We'll even create your resume for you.

#### **How do you apply?**

Contact Katie if you'd like help filling in the application:

716.278.8238 or [Katie.Badura@niagaracounty.com](mailto:Katie.Badura@niagaracounty.com)

Complete the application as thoroughly as you can. Applications are also at [www.worksource1.com](http://www.worksource1.com) or in the One-Stop Centers located in Niagara Falls and Lockport. Please mail your completed application to the above address, or bring it in person between Monday - Friday, 8:30am - 3:30pm, to the above address. You will then be scheduled for a Test of Adult Basic Education; results will not keep you from joining the program, but are used to determine your current math and reading levels.

Before you start, you will also need to bring in the following documents:

- Proof of your birth date (birth certificate, ID card from Department of Motor Vehicles or Social Services).
- Photo ID (a copy). *Let us know if you need help gaining a photo ID.*
- Proof of your address. *We can mail you an envelope if that will help.*
- Men who are 18 or older must register for Selective Service. *We can assist you.*
- You may need to submit additional documents, depending on your situation.

Funded by a federal WIOA grant. EEO Employer. Auxiliary aids and services available if needed.



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### Application for High School Seniors

|   |                              |  |  |                              |            |      |                             |
|---|------------------------------|--|--|------------------------------|------------|------|-----------------------------|
| Name:   |                              | Social Security #:                                   |  | Birth Date:                  |            | Age: |                             |
| Street:   |                              | City:  |  | ZIP Code:                    |            |      |                             |
| Men age 18 or older, registered with Selective Service?             |                              |  |  | Yes <input type="checkbox"/> | Sel Svc #: |      | No <input type="checkbox"/> |
| Phone:  |                              | 2 <sup>nd</sup> Phone (in case we cannot reach you): |  |                              |            |      |                             |
| Email:  |                              |  |  | 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 working now?  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                          |  |                              |            |      |                             |
| <b>Please complete if you have EVER worked.</b>                     |                              |  |  |                              |            |      |                             |
| Business Name:  |                              | Work Start Date:                                     |  | Work End Date:               |            |      |                             |
| Street:   |                              | City/State:  |  | ZIP Code:                    |            |      |                             |
| Your Job Title:   |                              |  |  |                              |            |      |                             |
| Job Duties (include tools and machines you used):                   |                              |  |  |                              |            |      |                             |
| Reason for Leaving:   |                              |  |  |                              |            |      |                             |
| Are you still willing to work this type of job?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/>                          |  |                              |            |      |                             |
| If no, why not?   |                              |  |  |                              |            |      |                             |
|   |                              |  |  |                              |            |      |                             |
| Business Name:  |                              | Work Start Date:                                     |  | Work End Date:               |            |      |                             |
| Street:   |                              | City:  |  | ZIP Code:                    |            |      |                             |
| Your Job Title:   |                              |  |  |                              |            |      |                             |
| Job Duties (include tools and machines you used):                   |                              |  |  |                              |            |      |                             |
| Reason for Leaving:   |                              |  |  |                              |            |      |                             |
| Are you still willing to work this type of job?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/>                          |  |                              |            |      |                             |
| If no, why not?   |                              |  |  |                              |            |      |                             |



Please check ALL of the boxes that apply to you.

|   |  |                        |
|---|--|------------------------|
| <b>Please fill in your current school status.</b>                       |  |                        |
| <input type="checkbox"/>  | In high school   | What grade are you in? |
| Name of your high school:   |  |                        |
| <input type="checkbox"/>  | Attending an Alternative School (defined by NYS Ed Dept as a NYS public alternative education. Includes non-traditional environment that provides a comprehensive elementary, middle, or secondary curriculum) |                        |
| Name of Alternative School:   |  |                        |
| <input type="checkbox"/>  | Attending a post-secondary school (school above high school level, such as a college or university)  |                        |
| Name of Post-secondary school:  |  |                        |
| <b>Please check all that apply to you:</b>                              |  |                        |
| <input type="checkbox"/>  | An English language learner  |                        |
| <input type="checkbox"/>  | Pregnant or parenting, including non-custodial parents   |                        |
| <input type="checkbox"/>  | Individual with a disability   |                        |
| <input type="checkbox"/>  | Involved in any stage of juvenile or adult justice system, including offender status   |                        |
| <input type="checkbox"/>  | Homeless individual or a runaway   |                        |
| <input type="checkbox"/>  | Involved in any stage of the Foster Care System  |                        |
| <input type="checkbox"/>  | Have a past or present substance abuse problem   |                        |
| <input type="checkbox"/>  | Are part of a family who receives public assistance (Temporary Assistance, SNAP, Medicaid, HEAP, SSI, or child welfare services)   |                        |
| <input type="checkbox"/>  | Live in a single parent home   |                        |
| <input type="checkbox"/>  | Not living with a parent (live with other family members or friends)   |                        |
| <input type="checkbox"/>  | Are one or more years behind in grade level  |                        |
| <input type="checkbox"/>  | Parents or guardians are unemployed, underemployed, or not in the labor force  |                        |
| <input type="checkbox"/>  | Live in public housing or receive rent subsidy   |                        |
| <input type="checkbox"/>  | Live in a household with 3 or more children  |                        |
| <input type="checkbox"/>  | Have a parent who is a seasonal or migrant farm worker   |                        |
| <b>Please check all income that applies to your family's household:</b> |  |                        |
| <input type="checkbox"/>  | Temporary Assistance to Needy Families (TANF)  |                        |
| <input type="checkbox"/>  | General Assistance (state/local). Please specify:  |                        |
| <input type="checkbox"/>  | Refugee Cash Assistance (RCA)  |                        |
| <input type="checkbox"/>  | Social Security Insurance (SSI)  |                        |
| <input type="checkbox"/>  | Food Stamps / SNAP   |                        |
| <input type="checkbox"/>  | Medicaid   |                        |
| <input type="checkbox"/>  | Receives or are eligible to receive a free or reduced price lunch  |                        |

➔ Please see other side ➔

## Family Household Income

Please use the 6-month time period prior to the application date.

|  |  |   |  |
|--|--|---|--|
| Family household size:   |  | <b>OR</b>   | <input type="checkbox"/> Participant with a Disability (Family of One) |
| <b>Included Income:</b> <ul style="list-style-type: none"> <li>• Gross Wages</li> <li>• Retirement, Pension, or Military Retirement</li> <li>• Alimony</li> <li>• Workers' Compensation</li> <li>• Black Lung Benefits</li> <li>• Rental Income</li> <li>• Unemployment Insurance</li> </ul> |  | <b>Excluded Income:</b> <ul style="list-style-type: none"> <li>• Public Assistance</li> <li>• SSI</li> <li>• SSDI</li> <li>• SS Survivor</li> <li>• Military pay and allowances received by a family member on active duty</li> </ul> |  |
| Family Member Name<br>(only list members in the same household)  |  | Relationship  | Income for the Past Six Months   |
| 1.   |  | <b>SELF</b>   | \$   |
| 2.   |  |   | \$   |
| 3.   |  |   | \$   |
| 4.   |  |   | \$   |
| 5.   |  |   | \$   |
| 6.   |  |   | \$   |
| Total Family Income for the Past Six Months:   |  |   | \$   |
| Annualized (multiply by 2):  |  |   | \$   |

### **Youth/Young Adult Applicant:**

I give permission for the Niagara County Employment & Training Youth 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 me 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 the Niagara County Department of Social Services. I attest that the information I have provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Youth/Young Adult's 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 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 give the Niagara County Employment & Training Department permission to verify and/or enroll my child in Selective Service Registration and the NY Youth Jobs Program. 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 the 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's Signature

\_\_\_\_\_  
Date

PLEASE NOTE: Completion of this form does not indicate acceptance into the program.