

CLINTON I. YOUNG, JR.
Mayor

DAMIA HARRIS
Deputy Director

YOUTH BUREAU CITY OF MOUNT VERNON
CITY HALL
ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
(914) 665-2344 - (914) 665- 2346
FAX: (914) 665-1373

MARCH 8, 2010

DEAR APPLICANT:

THANK YOU FOR EXPRESSING AN INTEREST IN THE MOUNT VERNON YOUTH BUREAU 2010 SUMMER EMPLOYMENT PROGRAM. ON THE BACK OF THIS PAPER, YOU WILL FIND THE APPLICATION FOR SUMMER YOUTH EMPLOYMENT.

PLEASE BE SURE TO ANSWER EVERY QUESTION AND SIGN THE BOTTOM OF THE APPLICATION OR YOUR APPLICATION WILL NOT BE ACCEPTED FOR CONSIDERATION. **THE APPLICATION AND ORIGINAL DOCUMENTS WILL BE ACCEPTED FROM MONDAY, MARCH 22ND – FRIDAY, MARCH 26TH BETWEEN 3PM- 4PM ONLY. THERE WILL BE NO EXCEPTIONS!**

THERE ARE A LIMITED NUMBER OF JOBS, AND WE CANNOT GUARANTEE ANYONE THAT THEY WILL BE SELECTED. HOWEVER, SEVERAL THINGS WILL BE TAKEN IN CONSIDERATION PRIOR TO SELECTING YOU FOR A JOB. BELOW ARE A FEW THINGS TO REMEMBER WHEN YOU APPLY:

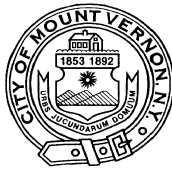
- **BE ON YOUR BEST BEHAVIOR WHEN YOU ENTER THE CITY HALL BUILDING.**
- **WE WILL NOT ACCEPT APPLICATIONS BEFORE 3PM;**
WE ENCOURAGE YOU NOT TO LEAVE SCHOOL EARLY TO APPLY.
- **BE PROFESSIONAL AND COURTEOUS WHILE YOU WAIT TO BE PROCESSED.**
- **ORIGINAL APPLICATIONS WITH ORIGINAL DOCUMENTS WILL BE ACCEPTED, NO PHOTOCOPIES. NO EXCEPTIONS.**
- **APPLICATIONS WILL BE CLOCKED IN, SO BE ON TIME TO RETURN THE DOCUMENTS AND APPLICATION.**
- **ALL APPLICANTS MUST COMPLETE AN INTERVIEW AND DRESS APPROPRIATELY FOR THE OCCASION, EVEN IF YOU HAVE INTERVIEWED PREVIOUSLY.**

SHOULD YOU HAVE QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT THE MOUNT VERNON YOUTH BUREAU AT (914) 665-2344.

GOOD LUCK!

“CITY OF PRIDE AND GREATNESS”

D. BURRELL 1/08/09



CLINTON I. YOUNG, JR.
Mayor

DAMIA HARRIS
Executive Director

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2010 SUMMER EMPLOYMENT APPLICATION

NAME OF APPLICANT _____ FEMALE ___ MALE ___
STREET ADDRESS _____ EMAIL _____
PHONE # _____ EMERGENCY # _____ SCHOOL _____
DATE OF BIRTH _____ AGE _____ GRADE _____ SS# _____
HAVE YOU EVER WORKED BEFORE? YES ___ NO ___ WHERE? _____
WHEN? _____ WHAT POSITION? _____
HAVE YOU EVER DONE ANY VOLUNTEER WORK? YES ___ NO ___
WHERE? _____ WHEN? _____
DUTIES _____

Check the box next to the categories that most interest you:

CHILD CARE HEALTH CARE MAINTENANCE OFFICE WORK TUTORING

YOU MUST SUBMIT THE FOLLOWING ORIGINAL DOCUMENTS WITH THIS APPLICATION

- | | |
|---|--|
| 1. BIRTH CERTIFICATE | 6. PROOF OF DRAFT REGISTRATION (FOR ALL MALES OVER THE AGE OF 18 YEARS OLD). Print verification: https://www.sss.gov/RegVer/wfVerification.aspx |
| 2. SOCIAL SECURITY CARD | 7. ALIEN REGISTRATION CARD (FEDERAL FUNDS REQUIRE THAT YOU MUST HAVE ENTERED THE UNITED STATES <u>ON</u> OR <u>BEFORE</u> 9/02/2003) or No 1. |
| 3. WORK PERMIT (IF UNDER 18) | |
| 4. SCHOOL ID AND/ OR LAST REPORT CARD | |
| 5. PROOF OF RESIDENCE (2010 UTILITY, PHONE BILL OR PARENT'S DRIVER'S LICENCE) | |

PARENTS MUST COMPLETE THIS SECTION BELOW *ALL INFORMATION WILL BE KEPT CONFIDENTIAL *

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD (INCLUDING YOURSELF) _____
ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___
WHAT IS YOUR TOTAL INCOME FOR THE YEAR 2008 (THIS MUST BE ANSWERED) \$ _____

PLEASE CHECK THE FOLLOWING IF YOU RECEIVE

UNEMPLOYMENT BENEFITS ___ PUBLIC ASSISTANCE ___ VA BENEFITS ___ SOCIAL SECURITY BENEFITS ___ SSI BENEFITS ___ FOOD STAMPS ___ FOSTER CARE SUPPLEMENT ___

I verify that the above information is true. (PARENT PLEASE INITIAL) _____ DATE _____

APPLICANT PLEASE SIGN _____ DATE _____

This application and the supporting original documents will only be accepted on March 22ND thru March 26th between the hours of 3:00 p.m. – 4:00 p.m. NO EXCEPTIONS!

“CITY OF PRIDE AND GREATNESS”