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Mayor

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CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL- ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
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[Http://youth.cmvny.com](http://youth.cmvny.com)

## **2013 Fall After-school Youth Employment Application**

Please complete both front and back of the 2013 Fall After-school Youth Employment Application. In addition, please make sure all original documents requested below are returned during the week of September 23<sup>rd</sup> thru September 26<sup>th</sup> between the hours of 3:00 pm – 4:00 pm to the Youth Bureau, room 307. **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR EMPLOYMENT INTO THE PROGRAM. EMPLOYMENT IS COMPETITIVE.**

Number the boxes in the order that INTEREST you the most. One for the most interested and five for the least interested:

CHILD CARE \_\_\_\_ HEALTHCARE \_\_\_\_ MAINTENANCE \_\_\_\_ OFFICE WORK \_\_\_\_ TUTORING \_\_\_\_

### **YOU MUST SUBMIT THE FOLLOWING ORIGINAL DOCUMENTS WITH THIS APPLICATION**

- BIRTH CERTIFICATE**
- SOCIAL SECURITY CARD**
- WORK PERMIT** (If under 18)
- SCHOOL ID** (Applicant must be in school)
- LAST ISSUED REPORT CARD** (NO progress reports are allowed)
- PROOF OF RESIDENCE** (Parent's most current utility, phone bill or parent's driver license)
- PROOF OF INCOME**- 2 recent pay stubs or a letter from your employer on their company's letterhead stating your annual income and the number of years you have been employed by the company. If you are receiving public assistance, please provide proof of benefits or public assistance. Also, please provide a birth certificate and a social security card for everyone in the household.
- PROOF OF DRAFT REGISTRATION** (For all males over the age of 18 years old). Please print verification from [www.sss.gov](http://www.sss.gov)
- ALIEN REGISTRATION CARD- If you are not a citizen** (Federal funds require that you must have entered the United States on or before 1/1/2006)  
**\*\*\* APPLICANT MUST BE A MOUNT VERNON RESIDENT\*\*\***

"The City that Believes"



City of Mount Vernon Youth Bureau  
City Hall- One Roosevelt Square  
Mount Vernon, NY 10550 -2060  
914-665-2344 or 914-665-2346  
Fax: 914-665-1373  
<http://youth.cmvny.com>



Completed application will be collected by a Mount Vernon Youth Bureau staff. Applicant will be interviewed and then be selected to participate in the Fall After-school Youth Employment Program. **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM.** All information provided will be treated with confidentiality. **ONLY COMPLETED APPLICATION AND ORIGINAL DOUCEMNTS WILL BE ACCEPTED.** \* Only one applicant will be employed per household if selected.

1. Last Name \_\_\_\_\_ 2. First Name \_\_\_\_\_ 3. Middle (Int.) \_\_\_\_\_

4. Social Security Number (Please be accurate) \_\_\_\_\_ 5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Gender (check one) Male \_\_\_ Female \_\_\_ 7. Age \_\_\_\_ 8. Grade/School \_\_\_\_\_

9. Citizenship Status (check one) U.S. Citizen \_\_\_ Permanent Resident Alien \_\_\_ Other \_\_\_ Alien # \_\_\_\_\_

10. Address \_\_\_\_\_ 11. Apt. \_\_\_\_\_ 12. Zip Code \_\_\_\_\_

13. Applicant's Home # \_\_\_\_\_ 14. Applicant's Cell # \_\_\_\_\_

15. Name of Parent or Legal Guardian \_\_\_\_\_ 16. Emergency # \_\_\_\_\_

17. Ethnicity: American Indian \_\_\_ Pacific Islander \_\_\_ Asian \_\_\_ White \_\_\_ Black \_\_\_ Hispanic/Latino \_\_\_ Other \_\_\_

18. Other than English, what other language(s) are you most comfortable speaking? \_\_\_\_\_

19. Current Educational Status: Middle School \_\_\_ HS \_\_\_ HS Graduate \_\_\_ College Student \_\_\_ GED recipient \_\_\_ Left HS before graduating \_\_\_ Other \_\_\_ Explain, \_\_\_\_\_

20. Is the applicant any of the following? (Check all that apply) Disabled \_\_\_ Foster Care \_\_\_ Homeless \_\_\_ Runaway \_\_\_ Offender/ Court Involved \_\_\_ Parent \_\_\_ Served in Military \_\_\_ Other \_\_\_

21. Is applicant or applicant's family currently receiving public assistance? Yes \_\_\_ No \_\_\_ If no, go to question 23.

22. Type of Public Assistance (Check all that apply) Food Stamp \_\_\_ S.S.I \_\_\_ S.S.D. \_\_\_ Child Care \_\_\_ Retirement or Pension \_\_\_ Family Assistance \_\_\_ Safety Net/Home Relief \_\_\_ Other \_\_\_

23. Total family income (gross) for the last 6 months \$ \_\_\_\_\_ .00 24. Number of family living in the household \_\_\_\_\_

25. Previous work experience? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_  
Where? \_\_\_\_\_  
Duties? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date Parent/Guardian Signature Date