



ERNEST D. DAVIS
Mayor

DAMIA HARRIS MADDEN, MS
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL- ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
[HTTP://YOUTH.CMVNY.COM](http://youth.cmzny.com)
FACEBOOK.COM/MVYOUTHBUREAU
PH (914) 665-2344 – (914) 665-2346 --FAX (914) 665-1373

2014 Fall After-School Employment Application

Please complete the 2014 Fall After-School Employment Application. In addition, please make sure all original documents requested below along with the completed application are returned to the Youth Bureau, room 307. Applications will only be accepted on **Monday, September 22, 2014 thru Wednesday, September 24, 2014 and Friday, September 26, 2014 between the hours of 3:00 pm - 4:00 pm.** **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR EMPLOYMENT INTO THE PROGRAM. EMPLOYMENT IS VERY COMPETITIVE!!**

YOU MUST SUBMIT THE FOLLOWING ORIGINAL DOCUMENTS WITH THIS APPLICATION

1. BIRTH CERTIFICATE OR PASSPORT
2. SOCIAL SECURITY CARD
3. WORK PERMIT (If you are 14 -17 years old)
4. SCHOOL ID (Applicant must be in school) OR ANY GOVERNMENT ISSUED I.D.
5. LAST ISSUED REPORT CARD (June 2014 -NO progress reports will be accepted)
6. PROOF OF RESIDENCE (Parent's most current utility, phone bill, paycheck, student's report card, parent's driver license, or learner's permit)
7. PROOF OF INCOME-parent's 2 most recent pay stubs or a letter from their employer on company's letterhead stating their annual income and the number of years the parent has been employed by the

- company. If you are receiving public assistance, please provide proof of benefits. Additionally, you must provide a birth certificate or a social security card as proof of how many are living in the household. This is necessary for our funding source.
8. PROOF OF DRAFT REGISTRATION (For all males over the age of 18 years old). Please print verification from www.sss.gov
 9. ALIEN REGISTRATION CARD/ GREEN CARD- If you are not a citizen (Federal funds require that you must have entered the United States on or before 1/1/2013)
- *** APPLICANT MUST BE A MOUNT VERNON RESIDENT*****

If you have any questions or concerns, please contact the Mount Vernon Youth Bureau at 914-665-2344 during our business hours 9:00 am – 4:00 pm, Monday thru Friday.

“The City that Believes”



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A completed application will be collected by a Mount Vernon Youth Bureau staff member. Applicants will be interviewed at a later date for an opportunity to be employed during the 2014 After-School Employment Program. **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM.** All information provided will be treated with confidentiality. **ONLY A COMPLETED APPLICATION WITH ORIGINAL DOCUMENTS 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 _____ 5. Date of Birth ____/____/____ 6. Gender ____ 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. City: MOUNT VERNON 13. Zip Code: _____

14. Applicant's Contact # _____ 15. Applicant's email address _____

16. Name of Parent or Guardian _____ 17. Parent contact # _____

18. Ethnicity (Circle One): American Indian; Pacific Islander ; Asian; White ; Black ; Hispanic/Latino ; 2 or more Races

19. Other than English, what other language(s) are you most comfortable speaking? _____

20. Current Educational Status: Middle School ____ HS ____ HS Graduate ____ College Student ____ GED Recipient ____
Left HS before graduating ____ Other ____ Explain, _____

21. Check all that apply to the applicant: Disabled ____ Foster Care ____ Homeless ____ Runaway ____ Juvenile Justice System ____ Parenting Youth ____ Served in Military ____ Incarcerated Parent ____

22. Is applicant or applicant's family currently receiving public assistance? Yes ____ No ____ If no, skip question 24.

23. Type of Public Assistance (Check all that apply): Food Stamp __ S.S.I __ S.S.D. __ Child Support __ Retirement or Pension __ Family Assistance __ Safety Net/Home Relief __ Other __

24. Annual family income (gross) \$ _____ .00 25. Number of family living in the household _____

26. Previous work experience? Yes ____ No __ If yes, when? _____

Where? _____

Duties? _____

Applicant Signature

Date

Parent/Guardian Signature

Date