



RICHARD THOMAS  
Mayor

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Executive Director

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

## **2016 Winter After-School Employment Application**

Please complete the 2016 Winter 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 306. Applications will only be accepted during the week of **Monday, January 25<sup>th</sup> through Friday, January 29<sup>th</sup>, 2016 between the hours of 3:00 pm – 4:00 pm.** **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT 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 (Dec. 2015 -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**
  - 8. 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)**
  - 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 1/1/2015)**
- \*\*\* APPLICANT MUST BE A MOUNT VERNON RESIDENT\*\*\***

If you have any questions or concerns, please contact the Mount Vernon Youth Bureau at 914-665-2346 during our business hours 8:30 am – 4:30 pm, Monday thru Friday.

“The City of Hope”



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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 2016 Winter 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 \_\_\_ Incarcerated Parent \_\_\_ Other \_\_\_\_\_

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 \_\_\_ SNAP \_\_\_ 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? \_\_\_\_\_

PARENTS: ARE YOU INTERESTED IN BEING A MEMBER OF THE YB'S PARENT ADVISORY COUNCIL? \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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