



RICHARD THOMAS
Mayor

DR. DAMIA HARRIS-MADDEN
Executive Director

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

2018 Winter After School Youth Employment & Training Program Application

Complete the attached 2018 Winter After School Youth Employment & Training Program application. When returning the completed application, make sure all requested documents listed below are attached. Applications will only be accepted on **Monday, January 22, 2018 through Friday, January 26, 2018 between the hours of 3:00 pm – 4:00 pm at the Youth Bureau, Room 306.** **SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT IN THE PROGRAM. EMPLOYMENT IS VERY COMPETITIVE!**

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. RESUME
2. ATTESTATION FORM, PHOTO RELEASE FORM, & MEDICAL RELEASE FORM (completed by parent/guardian)
3. BIRTH CERTIFICATE OR PASSPORT
4. SOCIAL SECURITY CARD
5. WORK PERMIT (14 -17 years old)
6. SCHOOL ID (Applicant must be in school) OR ANY GOVERNMENT ISSUED I.D.
7. LAST ISSUED REPORT CARD (November's 2017 1st MARKING PERIOD)
- **NO progress reports will be accepted**
8. PROOF OF RESIDENCE (Parent's most current utility, phone bill, paycheck, student's report card, parent's driver license, or learner's permit)
9. PROOF OF INCOME - parent's 2 most recent pay stubs, parent's 1040, or a letter from parent's 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, ex. case makeup. **Additionally, you must provide a birth certificate or a social security card as proof of how many people live in the household.** This is necessary for our funding source.
10. PROOF OF DRAFT REGISTRATION (For all males over the age of 18 years old). Please print verification from www.sss.gov
11. ALIEN REGISTRATION CARD/ GREEN CARD - If you are not a U.S. citizen
***** APPLICANT MUST BE A MOUNT VERNON RESIDENT*****

If you have any questions or concerns, contact the Mount Vernon Youth Bureau at 914-665-2344 during business hours 8:30 am – 4:30 pm, Monday - Friday.

ALL notifications regarding Youth Employment & Training Program will be sent via email. Applicants MUST provide an active email address where you can be contacted. NO PHONE CALLS WILL BE MADE.



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Completed applications 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 2018 Winter Youth Employment & Training Program. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. All information provided will be kept confidentially. ONLY A COMPLETED APPLICATION WITH THE REQUESTED DOCUMENTS ATTACHED WILL BE ACCEPTED.

* Only one applicant will be employed per household, if selected.

Choose which of the following positions interests you the most (1) to the least (5).

Child Care (must be 16 or older) ___ Health Care ___ Maintenance ___ Office Work ___ Tutoring ___

- 1. Last Name ___ 2. First Name ___ 3. Middle (Int.) ___
4. Social Security Number ___ 5. Date of Birth ___/___/___ 6. Gender ___ Male ___ Female ___ 7. Age ___ 8. School ___ 9. Grade ___
10. Citizenship Status (Check One): U.S. Citizen ___ Permanent Resident Alien ___ Other ___ Alien # ___
11. Address: ___ 12. Apt. ___ 13. City: Mount Vernon 14. Zip Code: ___
15. Applicant's Contact #: ___ 16. Applicant's Email : ___
17. Name of Parent/Guardian: ___ 18: Contact #: ___ 19: Email: ___
20. Ethnicity (Circle One): American Indian; Pacific Islander ; Asian; White ; Black ; Hispanic/Latino ; 2 or more Races
21. Other than English, what other language(s) are you most comfortable speaking? ___
22. Current Educational Status: Middle School ___ HS ___ HS Graduate ___ College Student ___ GED Recipient ___
Left HS before graduating ___ Other ___ Explain, ___
23. Previous work experience? Yes ___ No ___ If yes, when? ___ Where? ___
Were you denied an employment opportunity at the Mount Vernon Youth Bureau in 2017 ? Yes ___ No ___
24. Check all that apply to the applicant: Disabled ___ Foster Care ___ Homeless ___ Runaway ___
Juvenile Justice System ___ Parenting Youth ___ Served in Military ___ Have a incarcerated Parent (s) ___
25. Is the applicant or applicant's family currently receiving public assistance? Yes ___ No ___ If no, skip to question 27.
26. 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 ___ (Will need proof)
27. Annual family income (gross) \$ ___ .00 25. Total number of family living in the household ___

PARENTS: Would your child be interested in joining the Youth Bureau's VICTORY Volunteering program? ___

Applicant Signature Date Parent/Guardian Signature Date



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Applicant’s Attestation form Verifying Information Provided by Parent/Guardian for 2018 Winter After-School Youth Employment & Training Programs

I have provided all the requested information and documentation the Mount Vernon Youth Bureau has requested for my child’s participation in the 2018 Winter After-School Youth Employment & Training Program. My signature below attests that the information I have provided is both accurate and true to the best of my knowledge. I further understand that I am responsible for misrepresentation or any misinformation provided to the Mount Vernon Youth Bureau which may be grounds for immediate termination and/or other penalties if I am selected.

Print Applicant’s Name

Signature of Applicant

Date

Signature of Parent/Guardian

Print Parent /Guardian’s Name

Date

Should you have any questions or concerns regarding the information in this letter, please contact the Mount Vernon Youth Bureau immediately at 914-665-2346.

“The City of Hope”