Niagara County Employment & Training Young Adult Employment Program OUT-OF-SCHOOL

1001 11th Street, Niagara Falls, NY 14301 ♦ 716.278.8582

For Individuals Age 16-24 and Out of School

• Earn Your HSE/GED

If you have not completed high school, we can help you enroll in HSE/GED classes and develop a plan for success. Our staff will provide guidance and encouragement as you work toward achieving your educational goals.

• Receive Individualized Employment Case Management

Work one-on-one with an Employment Counselor who will help you develop an employment plan, set career goals, identify barriers to employment, and stay on track as you work toward achieving your objectives.

• Develop Job Search Skills and Connect with Employers

Receive personalized assistance with job searching, completing applications, creating a professional resume, and preparing for interviews.

• Explore Career and Training Options

We can provide information on training programs, enrolling in college, apprenticeships, and educational opportunities that can help you achieve your career goals.

• Receive Ongoing Guidance and Support

Our staff will provide encouragement, accountability, and career guidance throughout your participation in the program as you work toward employment, education, and career advancement.

• Paid Work Experience

If eligible, you can: Earn Money working on a paid 200 hour work experience

*Program is only available for young adults ages 16-24 who are out of school (cannot be in high school or college)

How do you apply?

Complete the application as thoroughly as you can. Applications are available at www.worksource1.com or in the One-Stop Centers located in Niagara Falls and Lockport. Please mail your completed application to the above address, or bring it in person between Monday - Friday, 8:30am - 3:30pm, to the above address.

Before you start, you will also need to bring in the following documents:

- Proof of your birth date (birth certificate, ID card from Department of Motor Vehicles or Social Services).
- Photo ID (a copy). *Let us know if you need help gaining a photo ID.*
- Proof of your address. *We can mail you an envelope if that will help.*
- Men who are 18 or older must register for Selective Service. *We can assist you.*
- You may need to submit additional documents, depending on your situation.

If you need assistance completing the application or have questions you can contact 716-278-8582

or email katrina.riccobono@niagaracounty.gov

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1001 11th Street, Niagara Falls, NY 14301 ♦ 716.278.8182

Application for Ages 16-24 and Out of School

Name:					
Social Security #:		Birth Date:		Age:	
Address:		City:		ZIP Code:	
Men age 18 or older, registered with Selective Service?	Yes ☐	Sel Svc #:		No ☐	
Phone:		2nd Phone (in case we cannot reach you):			
Email:		Facebook:			
How did you hear about this opportunity?					
How do you think this opportunity can assist you?					
What have you accomplished in your life that you are most proud of?					
Are you working now?	Yes ☐	No ☐			

Please complete if you have EVER worked.

Business Name:		Work Start Date:		Work End Date:	
Address:		City/State:		ZIP Code:	
Your Job Title:					
Job Duties (include tools and machines you used):					
Reason for Leaving:					
Are you still willing to work this type of job?	Yes ☐	No ☐			
If no, why not?					

Business Name:		Work Start Date:		Work End Date:	
Address:		City/State:		ZIP Code:	
Your Job Title:					
Job Duties (include tools and machines you used):					
Reason for Leaving:					
Are you still willing to work this type of job?	Yes ☐	No ☐			
If no, why not?					

Please check ALL of the boxes that apply to you.

Please fill in your current school status.		
☐ Did not graduate from high school and not attending school now	Year you dropped out:	
☐ High School graduate and not attending school now	Year you graduated:	
☐ Attending GED/TASC courses		
☐ Attending Job Corps		
☐ Attending YouthBuild Program		
☐ Not attending any school for at least the most recent school calendar quarter (45 days)		

Please check all that apply to you:
☐ An English language learner (English is not your primary language)
☐ Pregnant or parenting, including non-custodial parents
☐ Individual with a disability
☐ Involved in any stage of juvenile or adult justice system, including offender status
☐ Homeless individual or a runaway
☐ Involved in any stage of the Foster Care System
☐ Have a past or present substance abuse problem
☐ Are part of a family who receives public assistance (Temporary Assistance, SNAP, Medicaid, SSI, or child welfare services)
☐ Live in a single parent home
☐ Not living with a parent (live with other family members or friends)
☐ Parents or guardians are unemployed, underemployed, or not in the labor force
☐ Live in public housing or receive rent subsidy
☐ Live in a household with 3 or more children
☐ Have a parent who is a seasonal or migrant farm worker
☐ Failing a core subject: English, Math or Reading
☐ Victim of abuse
☐ Child of an incarcerated parent
☐ Impacted by gun violence

Please check all income that applies to your family's household:	
☐ Temporary Assistance to Needy Families (TANF)	
☐ General Assistance (state/local). Please specify:	
☐ Refugee Cash Assistance (RCA)	
☐ Social Security Insurance (SSI)	
☐ Food Stamps / SNAP	
☐ Medicaid	
☐ Receives or are eligible to receive a free or reduced price lunch	

➔Please see other side ➔

Family Household Income

Please use the 6-month time period prior to the application date.

Family household size:		**OR**	☐ Participant with a Disability (Family of One)	
Included Income: • Gross Wages • Retirement, Pension, or Military Retirement • Alimony • Child Support • Workers' Compensation • Black Lung Benefits • Rental Income • Unemployment Insurance			**Excluded Income:** • Public Assistance • SSI • SSDI • SS Survivor • Military pay and allowances received by a family member on active duty	
Family Member Name (only list members in the same household)			Relationship	Income for the Past Six Months
1.			**SELF**	$
2.				$
3.				$
4.				$
5.				$
6.				$
Total Family Income for the Past Six Months:				$
Annualized (multiply by 2):				$

Youth/Young Adult Applicant:

I give permission for the Niagara County Employment & Training Youth Program to contact my school to obtain additional information including: report card, graduation information, IEP, college, employment, etc. I give the Niagara County Employment & Training Department permission to verify and/or enroll me in Selective Service Registration. I also give the Niagara County Employment & Training Department permission to verify my case number, cash and SNAP amounts, opening date, address, and/or date of birth, through contact with the Niagara County Department of Social Services. I attest that the information I have provided is true and correct to the best of my knowledge.

_____ _____

Youth/Young Adult's Signature Date

Parent/Guardian: Must Sign if Applicant is under 18

I give permission for my child to participate in the Niagara County Employment & Training Youth Program, and for the program to contact my child's school to obtain additional information including: report card, graduation information, IEP, college, employment, etc. I give the Niagara County Employment & Training Department permission to verify and/or enroll my child in Selective Service Registration. I also give the Niagara County Employment & Training Department permission to verify my and/or my child's case number, cash and SNAP amounts, opening date, address, and/or date of birth, through contact with the Niagara County Department of Social Services. I attest that the information I have provided is true and correct to the best of my knowledge.

_____ _____

Parent/Guardian's Signature Date

PLEASE NOTE: Completion of this form does not indicate acceptance into the program.