

# Summer Youth Employment Program

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## 2020 Application





## **SUMMER YOUTH EMPLOYMENT PILOT PROGRAM APPLICATION**

***(Please print clearly on all pages of the application.)***

**Name** \_\_\_\_\_  
First Last

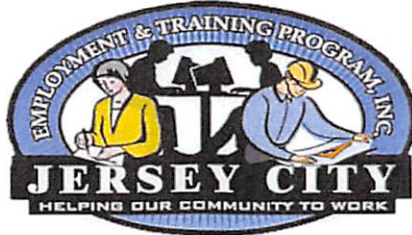
**Sponsoring Organization (if applicable):** \_\_\_\_\_

**Application Due Date: August 28, 2020**  
**Pre-Program Orientation:**  
**Program Start Date: September 8, 2020**  
**8 Week Program End Date: October 30, 2020**

### **APPLICANT REQUIREMENTS:**

- Participant must be a Hudson County resident.
- Be willing to participate in a structured professional environment.
- Available to fully complete, with no vacation time off, a 6-week or 8-week program as assigned.
- Submit application and required documents by due date above.
  - Participate in a virtual interview via Zoom.
- Attend a mandatory virtual orientation on \_\_\_\_\_ or \_\_\_\_\_.





### APPLICATION PROCEDURES:

1. Fill out application
2. Attach:
  - Copy of your Photo Identification or School ID
  - Copy of your birth certificate
  - Copy of your ORIGINAL social security card
  - Copy of your high school/GED transcript
  - Proof that annual household income is below \$\_\_\_\_\_ (Hudson County Median Income)
  - Form W-9 (Attached)

*Please ensure that all copies are legible and easy to read.*

3. Completed application and attachments must be received by the Hudson County/Jersey City Workforce Development Board, 398 Martin Luther King Drive, Jersey City, NJ 07305 no later than August 28, 2020.

Three (2) ways to submit your application:

1. By Email to: FELICIA.RAVNELL@JCETP.ORG
2. In Person, by **appointment ONLY**: 551-222-4323

*Once we receive your application, you will be sent an email to set up your virtual interview. Please use an email on the application which you check regularly.*

**\*\*Please note, if you will not be available during any part of the program dates, for vacation, summer school or any other reason, you are not eligible for this program.**

### PROGRAM APPLICATION

**(Please make sure all contact information is current. You must provide working telephone numbers and working email addresses that you check daily.)**



## Personal Information

Name \_\_\_\_\_ Gender: ☐ M ☐ F  
First M.I. Last

Date of Application \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Applicant's Mobile Phone No. \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Parent/Guardian's Mobile Telephone No. (if under age 18) \_\_\_\_\_

Parent/Guardian's E-mail Address (if under age 18) \_\_\_\_\_

Number & Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

How old are you? \_\_\_\_\_ What is your birthday? (MM/DD/YYYY) \_\_\_\_\_ What is your SSN? \_\_\_\_\_

Ethnic Heritage: ☐ Black/African American ☐ White ☐ Asian ☐ Hispanic or Latino

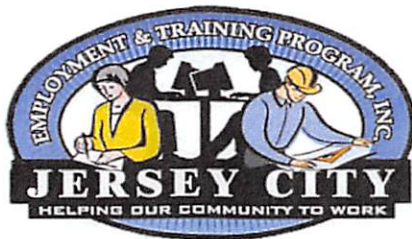
☐ Alaskan/American Indian ☐ Hawaiian/Pacific Islander ☐ I chose not to disclose

Marital Status: ☐ Married ☐ Unmarried ☐ Divorced

Are you a US Citizen? ☐ Yes ☐ No ☐ Permanent Resident

What is your current total household income? \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No



Do you have a Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have access to a car? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation to a job? Yes \_\_\_\_\_ No \_\_\_\_\_

How many miles would you be willing to commute to a job? \_\_\_\_\_

If you do not have a car or other transportation, are you willing and able to use public transportation to get work? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any medical condition that would prevent you from working? If yes, please explain \_\_\_\_\_

**School/College/Community Activities or Hobbies** (Class Offices, Organizations, Clubs, Volunteer Experiences, etc.)

**Work Experience** (List most recent job first) or attach resume

Company	Location (City, State)	Job Title	From	To
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**Plans for the Future** (Work or College, Be specific)





**PERMISSIONS AND ACKNOWLEDGEMENTS FOR THE SUMMER YOUTH EMPLOYMENT PROGRAM**  
**(Must be completed and signed by all applicants or a parent/guardian for those under 18 years old)**

I \_\_\_\_\_ would like to participate in the Hudson County/Jersey City Workforce Development Board's (HCJCWDB) Summer Youth Employment Program. I understand employment is at the discretion of the companies involved in the Summer Youth Employment Program. I am aware that the individual named above may be asked to meet with an approved employer worksite for an interview prior to being offered employment.

Please initial next to each paragraph indicating your understanding.

\_\_\_\_\_ I understand I am responsible for supplying transportation to and from the job

\_\_\_\_\_ I understand that attendance is an indicator of my success in the program. I don't have any appointments or obligations that will prevent me from working 30 hours per week for 8 weeks. I will show up to my assignment ontime every day.

\_\_\_\_\_ I will not hold the County of Hudson, NJ, and/or the HCJCWDB responsible or liable for any accidents or injuries to the individual named above or for the payment of any bills incurred while on the job or traveling to and from the job or while working on the job.

\_\_\_\_\_ I agree to receive ongoing follow-up calls and email from staff offering additional post-SYEP support including additional employment, training, College, etc.

I hereby authorize the Hudson County/Jersey City Workforce Development Board, Inc. (HCJCWDB) the right to use, reproduce, and/or publish photographs and/or video that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in any and/or all media outlets including radio, television, print publications, social media, etc. This material may also appear on the HCJCWDB's website. Consequently, the HCJCWDB may publish materials, use my name, photograph, and /or make reference to me in any manner that the HCJCWDB deems appropriate in order to promote/publicize relevant programs and/or events. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature, (if under age 18, a Parent or Guardian Signature)**



## RULES FOR PARTICIPATION

The following rules and guidelines apply to all Hudson County/Jersey City Summer Youth Employment Program participants. Failure to comply with the rules listed below may result in immediate dismissal from the program. Should you have any questions concerning these rules, please discuss them with a staff member of the HCJCWDB as soon as possible.

1. If you are absent from your job due to illness or any other unforeseen reason, you must notify the HCJCWDB within 24 hours of your absence. You must also immediately contact the employer to which you are assigned.
2. You must be courteous and maintain communication with your employer at all times. Failure to do so may result in dismissal from the program.
3. You must not incur any infractions while participating in the program. If you do, it may result in dismissal from the program. If you have any questions or anything to report, this should immediately be brought to the attention of the HCJCWDB.
4. Absenteeism or tardiness will not be tolerated and may result in removal from the program.
5. You must be on time for work each day assigned. Lateness to work will result in your dismissal from the program.
6. As a summer youth program participant, you must exhibit excellent judgment and respect for others at all times.
7. Contact the WDB before applying for another job, quitting your assigned job, giving two weeks notice, or changing jobs. Your failure to do so, except for extreme situations, will result in dismissal from the summer youth program.

The Summer Youth Employment Program is sponsored by the Hudson County/Jersey City Workforce Development Board through funding provided by the New Jersey Department of Labor. All of the above rules are in accordance with the guidelines that have been set by the group overseeing this program for the WDB. By signing below, you acknowledge receipt of these rules and agree to abide by them.

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Applicant Signature

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If applicant is under age 18, Parent/Guardian Signature

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HCJCWDB/JCETP Signature

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Date

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*