



**EMPLOYMENT APPLICATION**  
**Summer Work-Based Learning Experience 2022**  
**Please read application in its entirety**

**Application Deadline:**  
**Thursday, April 28, 2022 4:30 p.m.**

Applications received on the deadline date will not receive an extension for missing information or documents.

**Applicant must meet the minimum requirements:**

**Youth@Work**

**High School Students:**

- Participating youth must be in the 9<sup>th</sup> grade or higher at time of application submission
  - Must be at least the age of 14 - maximum age of 21
  - Must be a full-time high school student (includes Adult Education)
- Must reside in New Haven and/or attend a New Haven Public High School

**College Students:**

- Must be a full-time matriculated student
- Trade schools are accepted if full time status is documented
  - Must be a New Haven Resident
  - Maximum age is 21 years old

**Men 18 years and older**

- Must be registered with selective services and provide proof of registration

**Recreation Special Program**

- Must be at least the age of 16

Students **cannot be employed simultaneously** with any other department with the City of New Haven, including the Board of Education and the Department of Parks and Public Works. Evidence of dual city employment **will result in termination** from the Year-Round Work- Based Learning Program. **NO EXCEPTIONS!**

**COPIES OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:**

<b>1) Two Copies of Birth Certificate or State Identification Card</b>
<b>2) Two Copies of Social Security Card</b>
<b>3) Two Copies of Documentation of all income in your household (anyone that lives with you in the household)</b>
<i>(examples)</i>
A. <u>Employment</u> ~ copy of the last four (4) paystubs for you and any family member(s) employed
B. <u>Unemployment Compensation</u> ~ copy of unemployment run sheet showing weekly benefits
C. <u>Social Security</u> ~ a copy of your SSD or SSI grant letter or monthly check
D. <u>Public Assistance</u> ~ a budget sheet or letter verifying benefits received from the Department of Social Services
E. <u>Child Support</u> ~ a budget sheet or letter verifying benefits received from Support Enforcement Services
<b>4) Two Copies of High school transcript – no exceptions (for high school applicants only)</b> ~ does not have to be certified must include address and SASID for high school students
<b>5) Men 18 years and older, proof of selective service registration</b>

***(COPIES WILL NOT BE MADE BY THE YOUTH AND RECREATION STAFF)***

**HOW TO RETURN THE COMPLETED APPLICATION**

Must return two (2) completed application with two (2) copies of all required documents to Youth@Work 165 Church Street, New Haven CT 06510. Office hours are Monday – Friday 10:00 a.m. to 4:00 p.m.

If the office is closed, completed applications can be placed in the drop-box in an envelope located outside of the office door.

**APPLICATIONS WILL NOT BE ACCEPTED VIA MAIL OR FAX**

The Work- Based Learning Experience program is intended to provide early work experiences for young people ages 14-21 that may not otherwise have this opportunity. There are limited opportunities available, therefore please make note: completing this application does not guarantee a work experience through the program. Job placement is by a lottery system.

**HIRING WORKERS UNDER 18**

The Department of Labor's [Employment Standards Administration's Wage and Hour Division \(WHD\)](#) administers and enforces the federal child labor laws. Generally speaking, the [Fair Labor Standards Act \(FLSA\)](#) sets the minimum age for employment (14 years for non-agricultural jobs), restricts the hours youth under the age of 16 may work, and prohibits youth under the age of 18 from being employed in hazardous occupations. In addition, the FLSA establishes subminimum wage standards for certain employees who are less than 20 years of age, full-time students, student learners, apprentices, and workers with disabilities. Employers generally must have authorization from WHD in order to pay subminimum wage rates.

# SUMMER 2022 WORK-BASED LEARNING EXPERIENCE PROGRAM APPLICATION

Work-Based Learning Experience Employment Application ~ Answer all questions completely

**Employment Location (Youth@Work or Recreation, Choose One):**  
*Must be 16 years or older to apply for Recreation*

APPLICANT INFORMATION			
Last Name			Gender (optional)
First Name			Age
Address			Date of Birth
City, State Zip Code			Social Security No.
Home Phone	( _____ ) _____ - _____		Race (optional)
Cell Phone (required)	( _____ ) _____ - _____	Email (required)	
Do you receive any of the following?	Free or reduced Lunch YES <input type="checkbox"/> NO <input type="checkbox"/>	TANF YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SNAP (formerly Food Stamps) YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a Foster Child or Ward of State? YES <input type="checkbox"/> NO <input type="checkbox"/>	DCF Case Manager (Name and Telephone):		
Do you require any special assistance or accommodations in order to perform job duties? YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, please describe.			
Are you Bi-lingual? YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, please indicate both languages:			
CURRENT EDUCATION/INTEREST			
Career you would like to pursue?			
High School			Grade
SASID # (Current High School students only):			
College	Semester	Major	
Do you have a current Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, indicate issuing state: Exp Date: Endorsements, if any:		Do you have a commercial Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, indicate issuing state: Exp Date: Endorsements, if any:	
Specialized training and skills: List any other trade licenses or certifications, skills and training you have related to the job for which you are applying. Include machines you can operate, computer skills, and additional languages you are fluent in.  _____			
EMERGENCY CONTACTS			
<i>Please list two persons we may contact in case of emergency</i>			
1) Full Name	Relationship		
Address	Phone	( _____ ) _____ - _____	
Cell	Work	( _____ ) _____ - _____	
2) Full Name	Relationship		
Address	Phone	( _____ ) _____ - _____	
Cell	Work	( _____ ) _____ - _____	

Office use only:  
LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

WARD: \_\_\_\_\_

PREVIOUS EMPLOYMENT					
Are you currently employed by the City of New Haven, including the Board of Education? YES <input type="checkbox"/> NO <input type="checkbox"/>					
1. Company				Job Title	
Rate of Pay		Start Date		End Date	
Responsibilities					
2. Company				Job Title	
Rate of Pay		Start Date		End Date	
Responsibilities					

HOUSEHOLD COMPOSITION (21 YEARS OLD AND UNDER, PLEASE LIST EVERYONE LIVING IN YOUR HOUSEHOLD)					
NAME	RELATIONSHIP	AGE	TYPE OF INCOME WAGES; SSI; UNEMPLOYMENT; CHILD SUPPORT; PENSION; TANF; FOOD STAMPS; ALIMONY; SOCIAL SECURITY; ETC.		
			TYPE	AMOUNT	FREQUENCY OF RECEIPT (WEEKLY; BI-WEEKLY; MONTHLY)
1)	APPLICANT				
2)					
3)					
4)					
5)					
6)					

**Registrant Attestation and Release**

I certify that the statements made by me on this application are voluntary, true and correct to the best of my knowledge and belief and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatement(s) of fact(s), I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, Youth@Work or WIA regulations. I understand and authorize the release of the information to the Youth@ Work Program, City of New Haven, the authorized WIA entity and partner agencies for regulatory and internal processes associated with determining employment eligibility and payroll procedures.

**Code of Conduct Statement**

If selected to the program, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at my worksite, I agree to: **1.)** Report to work on time; **2.)** Refrain from the use of profanity or foul language; **3.)** Refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; **4.)** Wear appropriate clothing (*i.e., no excessive jewelry, revealing clothing, do-rags/ bandanas and/or any other clothing deemed unacceptable by my worksite supervisor*); **5.)** Refrain from the use, purchase or possession of any drugs or alcohol; **6.)** Refrain from theft or possession of any stolen property; **7.)** Refrain from any discriminatory behavior towards another individual based on race/ethnicity, economics, disability, religion or sexual preference.

**Civil Rights Law**

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your Registration. By providing this information, you will assist in assuring that this program is administered in a non-discriminatory manner. The WIA program or activity is an equal opportunity employer/program and auxiliary aids and services are available upon request.

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

\_\_\_\_\_  
Date

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

(Signature needed if applicant is under the age of 18)

\_\_\_\_\_  
Date