



Anne Brander,
Executive Director

Name: _____

Age: _____ Grade: _____

TANF Youth Employment Application 2024-25

The Youth Employment Program provides eligible Westchester County youth ages **17 – 20** with job readiness skills training and paid work experience. Work experience consists of entry-level jobs in a variety of industries, including government agencies, non-profits, small businesses, and retail organizations. If this interests you, please complete this application in its entirety.

Please **write clearly in blue or black ink**. If we cannot read your application, you will not receive any phone calls informing you of the next steps. Submitting your application is only the first step of the employment process. You must be **16 - 20** years old and a year-round resident of Westchester County to apply. **Income restrictions also apply. (See Eligibility Chart Below)**

2024-2025 TANF Income Guidelines

Family Size	Annual Income	Monthly Income	Biweekly Income	Weekly Income
1	\$30,120	\$2,510	\$1,158	\$579
2	\$40,880	\$3,407	\$1,572	\$786
3	\$51,640	\$4,303	\$1,986	\$993
4	\$62,400	\$5,200	\$2,400	\$1,200
5	\$73,160	\$6,097	\$2,813	\$1,406
6	\$83,920	\$6,993	\$3,227	\$1,613
7	\$94,680	\$7,890	\$3,641	\$1,820

Working Papers (Work Permit)

All youth who would like to work must submit a work permit. Work Permits are given out through the Port Chester School District.

- 16 -17 years old must have a **GREEN** card
- 18 & older **DO NOT** need a work permit

Submitting Your Job Application:

Only **completed applications** with **proof of household income, a resume, and copy of work permits (if applicable)** will be accepted. Applications can be submitted in person Monday through Friday from 9:00 am – 5:00 pm at the Port Chester Carver Center, 400 Westchester Avenue, Port Chester, NY **OR** can be mailed to P.O. Box 429, Port Chester, NY 10573 Attn: YEP.

We require a resume even if you have no previous work experience. Job readiness is now available for students who need assistance creating resumes and filling out job applications. Please reach out to our Teen Center staff. Please keep in mind there will be different start dates for different job sites. Youth will only be paid for the period worked.

PLEASE READ THIS CAREFULLY. DO NOT HAND IN OR SEND IN THESE DOCUMENTS WITH YOUR INITIAL APPLICATION.

Please note, upon receiving a **job offer, after a formal interview**, we will require that additional forms be completed and brought in with you during your **orientation**. You will be unable to start working without these documents submitted.

- Copy of NYS Benefit card & Medicaid card (if applicable)
- Social Security Card of Youth Applicant
- Birth Certificate of Youth Applicant
- Proof of Residence (email from school, report card, W-2 form, pay stub, utility bill)
- Picture ID of youth **and all household members** (High School ID, Driver’s License/Non-Driver ID Card, Alien Registration Receipt Card, Green Card or Passport)
- Working Papers, if applicable (original will be kept on file & returned with your last check)

FOR OFFICIAL USE ONLY

Proof of Income: Yes No

Resume: Yes No

Proof of Work Permit: Yes No

Date Received: _____ Initialed by: _____

TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____

(Street) (Apartment Number)

(City)

(State)

(Zip Code)

Social Security Number: _____

Date of Birth: _____

(Month, Day, Year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes.** If yes, **go to** Section Three.
- No.** If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes,** check which program(s) and then **go to** Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- No,** complete Item B, on page 2.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

SECTION FOUR Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____

Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.



Application for Employment

We are an equal opportunity employer. Employment is based on personal capabilities and qualifications without regard to race, color, national origin, sex, age, marital status, sexual orientation, religion, disability that does not prohibit performance of essential job functions, familial status, military status, domestic violence victim status, predisposing genetic characteristics, or any other characteristic protected by federal, state or local law.

If you require assistance completing the application, during the interview or any other time, please inform a company representative.

Instructions: Please PRINT the information requested on the following pages, making sure your entries are complete and legible.

Today's Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Telephone E-mail Address

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied for: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Have you ever been employed with us? Yes () No ()

3. List any relatives who are presently (or have formerly been) employed by us.

4. How were you referred to us? _____

5. Have you ever been convicted of a felony or a misdemeanor? Yes () No ()

6. If yes, please describe the nature of the felony to help us evaluate the job-relatedness of the crime: _____

*** Conviction will not necessarily disqualify a candidate from employment.**

7. Are you a U.S. citizen or an alien with the legal right to work in the job for which you are applying? Yes () No ()

8. If under the age of 18, do you have a work permit? Yes () No ()

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
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High School _____

College _____

Post-Bachelors _____

Other _____

Do you have an NYS Certification? Yes () No ()

Employer's Name

Reason

Employer's Name

Reason

IV. Work Availability – *After School Program applicants may skip questions 2 - 6.*

1. If your application receives favorable consideration, when will you be available to begin work? _____
2. Do you have any objection to working extended hours (overtime)? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

V. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VI. Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

VII. References - *Provide professional references below. Please do not include relatives.*

1.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	E-mail Address	
	_____	_____
	Company	Title
2.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	E-mail Address	
	_____	_____
	Company	Title
3.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	E-mail Address	
	_____	_____
	Company	Title

Acknowledgement

By signing below, I affirm that I have read and fully understand the questions asked in this application. I certify that the answers given by me are true and accurate. I understand that the omission or misrepresentation of any information on this application or during any interview will be cause for immediate dismissal.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If hired, I agree to abide by all rules and regulations and understand that if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the firm or me. I further understand that no representation, whether oral or written, by any representative or agent of the firm, at any time shall constitute a contract of employment. I understand that the firm and its representatives and agents shall have the maximum discretion permitted by law to administer, interpret, modify, or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Signature of Applicant

Date