



4400 Route 23 • Hudson, NY 12534

Dear Parent/Guardian/Young Adult,

Columbia-Greene Workforce New York, located at Columbia-Greene Community College, are recruiting youth ages 14-20, for placement in summer jobs.

**FACTS:**

- Variety of worksites available in both Columbia and Greene Counties
- Pay rate is \$13.50 per hour
- Tentatively will run for 6 weeks (start in July and ends in August)
- Funding has not been determined nor received
- Applications must be signed by a parent/guardian if under the age of 18

The Summer Youth Employment & Training Program (SYETP) is grant funded, and youth must meet income guidelines to qualify. Individuals receiving one or more of the following are automatically income eligible.

- FAA(Cash assistance)
- Medicaid
- SNAP
- HEAP
- SSI

If you receive any of the above return the signed and completed Application with the box appropriately checked with the following documentation:

1. Copy of social security card
2. Copy of School ID if you have one or copy of NYS ID
3. Copy of utility bill showing proof of address
4. ORIGINAL working card (will be returned at the end of the program)
  - a. (Blue card for ages 14&15, GREEN card for ages 16&17)

All other applicant's family income will be reviewed for eligibility. If income is being considered for summer employment send the following documentation in addition to those listed 1-4.

5. Proof of family size, birth certificates or social security cards for all members of your family residing in your home. (Do not send originals, copies are acceptable)
6. Proof of family income. This includes benefits listed above. Food Stamps, SSI, HEAP, Medicaid, DSS Cash Assistance or all family wages, Social Security etc. (Do not send originals, copies are acceptable)

All information is kept confidential and secure. If you wish to be considered for the summer program, please send the completed application, with support documentation, no later than May 2, 2022. There are a limited number of employment opportunities available, therefore, completed applications sent passed the deadline will be placed on a waiting list. Please be patient in receiving more information about possible summer employment. If you find a job in the meantime, and have sent your completed application, please notify our office ASAP. If you have any questions, I can be reached via email [Rebecca.preusser@sunycgcc.edu](mailto:Rebecca.preusser@sunycgcc.edu), 518-697-6514, or cell 518-751-6372. **NOTE: May 2, 2022 Application due date**

Respectfully,

Rebecca Preusser  
Assistant Director

# 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.**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Assistant Director-Workforce	
Last Name of Employer or Authorized Representative Preusser	First Name of Employer or Authorized Representative Rebecca	Employer's Business or Organization Name Columbia-Greene Community College		
Employer's Business or Organization Address (Street Number and Name) 4400 Route 23		City or Town Hudson	State N.Y.	ZIP Code 12534

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## SUMMER YOUTH EMPLOYMENT APPLICANT INTEREST/PROFILE

Have you previous participated in the Summer Youth Program?    Yes    No

If yes, when and where? \_\_\_\_\_

Describe your work experience, where you have worked before, including odd jobs and volunteer work:

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Describe some of your interests:

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The following is a list of general career clusters. Rank them following career areas in order of your preference. **Choose only three and rank them according to your fist choice (1), your second choice (2), and your third choice (3).**

Health Career/Service	Recreation/Parks (work with kids)	Office/Secretarial
Child Care	Maintenance/Clean up	Customer Service/Retail
Food Service	Work with Animals	Photography

Do you prefer to work inside or outside? (Circle One)      Inside    Outside      No preference

*Although efforts will be made to match applicant's career interests with a worksite, there is no guarantee that the applicant will be placed in a position that matches their choices.*

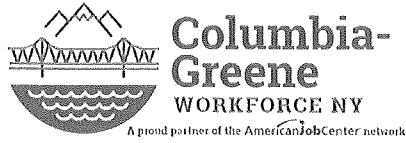
Do you have transportation available to you this summer?      Yes      No

Will you be required to attend summer school?      Yes      No

If yes, what time will you be able to start work in the summer program? \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



## SAFETY FIRST: EMERGENCY CONTACT AND MEDICAL INFORMATION

_____ Youth's Name	_____ Date of Birth	Sex: M/F/Undisclosed (Circle One)
_____ Parent's/Guardian's Name	_____ Parent's/Guardian's Name	
_____ Primary Phone    Work Phone	_____ Primary Phone    Work Phone	
_____ Street Address	_____ Street Address	
_____ City, State, ZIP code	_____ City, State, ZIP code	

## ALTERNATIVE EMERGENCY CONTACTS

_____ Primary Emergency Contact Name	_____ Secondary Emergency Contact Name
_____ Primary Phone    Work Phone	_____ Primary Phone    Work Phone
_____ Street Address	_____ Street Address
_____ City, State, ZIP code	_____ City, State, ZIP code

### ATTENTION HEALTH CARE PROVIDER

The above named employee is a participant in a Youth Employment Program through the Workforce Office located at Columbia-Greene Community College. This participant is covered under Columbia-Greene Community College's Workman's Compensation. All billing and paperwork should be forwarded to:

Columbia-Greene Community College, 4400 Rt. 23, Hudson, NY 12534 Attn: Personnel. Phone 518-518-697-6400



4400 ROUTE 23  
HUDSON, NY 12534  
518-828-4181  
518-828-8543 (FAX)  
WWW.SUNYGGCC.EDU

**Release for the Use of Photography or Video**

I understand that photograph(s), videos, interviews and/or audio recordings may be taken of me by agents, employees or representatives of Columbia Greene Community College in order to market or disseminate information on its academic and public service programs to the general public.

I, the undersigned, consent to each and every use by Columbia-Greene Community College, and all of its designees, of each photograph, video, slide or other such likeness of me taken by the College, and/or its representatives. Such uses may include use in a program, catalog, schedule, newspaper, slide show, brochure, advertisement or other publication or recording that describes, portrays, publicizes or advertises the college or any college operation, and every reproduction, replication or other re-use of the same. I waive any right to compensation for such uses, and any right to inspect or approve the uses beforehand.

I release Columbia-Greene Community College, Columbia County, Greene County, their legal representatives and all persons acting under their permission, direction or authority, from liability by virtue of any blurring, distortion, alteration, optical illusion or use in composition form, whether intentional or otherwise, that may occur or be produced in taking of said photograph, video or likeness or in any subsequent processing of same, or any publication or uses of same.

In addition, I waive any right to inspect or approve the finished product, including written copy, in which my photograph(s), video, interview and/or audio recordings appear. I hereby hold harmless and release and forever discharge Columbia Greene Community College and all its agents, employees, or representatives, and their successors, from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other people acting on my behalf have or may have by reason of this irrevocable authorization.

DATE: \_\_\_\_\_  
\_\_\_\_\_ Print Name

SIGNATURE: \_\_\_\_\_



# DIRECT DEPOSIT ENROLLMENT / CHANGE FORM

EMPLOYEE NAME (LAST, FIRST)

EMPLOYEE PAYROLL ID NUMBER

PLEASE PRINT NEATLY IN BLUE OR BLACK INK

\_\_\_ NEW ENROLLMENT \_\_\_ CHANGE TO EXISTING

Financial Institution Information	Account Number and Type (check one and list account number)	Deposit Amount (one choice per account)
Bank Name _____ Routing Number _____	<input type="radio"/> Checking <input type="radio"/> Savings _____ account number	<input type="radio"/> _____% of net pay <input type="radio"/> Amount \$ _____ <input type="radio"/> Remainder of net pay <input type="radio"/> Delete
Bank Name _____ Routing Number _____	<input type="radio"/> Checking <input type="radio"/> Savings _____ account number	<input type="radio"/> _____% of net pay <input type="radio"/> Amount \$ _____ <input type="radio"/> Remainder of net pay <input type="radio"/> Delete
Bank Name _____ Routing Number _____	<input type="radio"/> Checking <input type="radio"/> Savings _____ account number	<input type="radio"/> _____% of net pay <input type="radio"/> Amount \$ _____ <input type="radio"/> Remainder of net pay <input type="radio"/> Delete
Bank Name _____ Routing Number _____	<input type="radio"/> Checking <input type="radio"/> Savings _____ account number	<input type="radio"/> _____% of net pay <input type="radio"/> Amount \$ _____ <input type="radio"/> Remainder of net pay <input type="radio"/> Delete
Bank Name _____ Routing Number _____	<input type="radio"/> Checking <input type="radio"/> Savings _____ account number	<input type="radio"/> _____% of net pay <input type="radio"/> Amount \$ _____ <input type="radio"/> Remainder of net pay <input type="radio"/> Delete

I hereby authorize Columbia-Greene Community College, hereinafter referred to as College, to initiate credit entries, and if necessary, debit entries and adjustments for credit errors, to my account(s) listed above, and to the Financial Institution(s) named above, hereinafter referred to as the Depository, to credit and/or debit the same to such account. This authority is to remain in full effect until College has received written notification from me of its termination in such manner as to afford College and Depository a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE

Please attach voided check for each new checking account and deposit slip or bank documentation for each new savings account.

## CHECKLIST OF DOCUMENTATION

- TANF APPLICATION SIGNED BY  
PARENT/GUARDIAN IF UNDER 18 YEARS OF  
AGE
- SIGNED I-9 (Signature of Employee line)
- INTEREST PROFILE FORM
- SAFETY FIRST COMPLETED
- RELEASE
- DIRECT DEPOSIT FORM (if preferred)
- ORIGINAL WORKING CARD (if under 18)
- COPY OF SOCIAL SECURITY CARD
- COPY OF SCHOOL ID/NYS ID
- PROOF OF ADDRESS
- IF APPLICABLE TO ELIGIBILITY-PROOF OF  
FAMILY SIZE & INCOME