



New York Youth Jobs Program
WOTC Unit
Harriman State Office Campus
Building 12, Room 200
Albany, NY 12240

New York Youth Jobs Program: 2018 Youth Certification

All fields must be completed unless marked optional.

For questions or help, call (877) 226-5724 or email info@youthworks.ny.gov. Mail the completed application to the address above or fax it to (518) 485-1359. We will accept applications faxed or sent via U.S. mail from youth with little or no access to a computer. We will not accept applications submitted for youth by a business or tax consultant.

Certifying for the New York Youth Jobs Program

1. Last Name

Grid of 20 boxes for last name

First Name

Grid of 15 boxes for first name

Middle Initial

Box for middle initial

2. Birth Date

Box for birth date

3. Social Security Number

Boxes for social security number with dashes

4. Home Address

Two stacked boxes for home address

5. City

Box for city

6. State

Box for state

7. Zip Code

Box for zip code

8. I am currently attending high school. Yes No

I am currently enrolled in a High School Equivalency (HSE) program. Yes No

9. I confirm that I currently live in one of the areas listed below:

City limits of:

- Albany Buffalo Mount Vernon New Rochelle New York (5 boroughs) Rochester Schenectady Syracuse Utica White Plains Yonkers additional area

Towns of:

- Brookhaven Hempstead additional area

10. E-mail Address:

Box for email address

11. Cell Phone Number (optional)

Three boxes for cell phone number

12. Home Phone Number (optional)

Three boxes for home phone number

13. I am currently working. Yes No

If Yes, please provide start date of current employment

Box for start date of current employment

14. I am 16 or 17 years old. I have the permission of my parent or guardian to submit this application. Yes No

Parent/Guardian First Name

Parent/Guardian Last Name

Parent/Guardian Phone Number

15. I have working papers. Yes No

16. I am 18 to 24 years old. Yes No

I have a high school diploma, a GED or HSE diploma, satisfactorily completed a Test for Assessing Secondary Completion (TASC) exam or I am enrolled in a TASC program. Yes No

17. Preferred method of contact by the Department of Labor:

Phone Email Unless you request phone, we use your email address for more efficient communication.

Program

Qualifications:

To participate in the New York Youth Jobs Program, you must:

- Be 16 to 24 years old
- Live in one of the target areas of New York State listed on the first page
- Be unemployed

In addition, at least one of the following must apply to you:

I confirm that I currently meet one or more of the youth categories listed below.

- I am over 18 years of age and do not have a high school diploma or a General Educational Development (GED)/High School Equivalency (HSE) diploma.
- I am a member of a family that is receiving assistance from Temporary Assistance for Needy Families (TANF).
- I am a member of a family that is receiving Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps).
- I am a member of a family that is receiving Social Security Income (SSI) benefits.
- I am receiving a free or reduced-cost school lunch.
- I was referred here by a rehabilitation agency approved by the state, or an employment network under the Ticket to Work Program.
- I have served in jail or prison or I am on probation or parole.
- I am pregnant or a parent.
- I am homeless.
- I am currently or was in foster care or the custody of the Office of Children and Family Services.
- I am a veteran.
- I am the daughter or son of a parent who is currently in jail or prison, or has been within in the past two years.
- I am the daughter or son of a parent who is collecting unemployment insurance.
- I live in public housing or receive housing assistance such as a Section 8 voucher.
- Another risk factor not identified above

Agreement

I have provided my private information on this application. While I need to disclose this information to qualify for the program, I understand that I do not need to explain the reasons I choose to anyone I ask for a job, who gives me a job, or who I work with.

I agree to allow the New York State Department of Taxation and Finance to share my wage record with the New York State Department of Labor.

I understand that the New York State Department of Labor will make sure the information submitted in this application is true and may ask me for details. I believe this information is correct and complete. I am aware that there are consequences for filing false documents or other information with the government.

When I check this box and submit this form, I agree to the statement above.

Please add info@youthworks.ny.gov to your list of email contacts to ensure you receive your certificate by email.