



**16-24
Years Old**

Summer Youth Employment Program

Participant Application

2023

<https://application.nycsyep.com/>

f **t** **@** @nycyouth #SYEP2023



PERSONAL INFORMATION

1. Full Name: _____ 2. Date: _____ 3. Social Security Number: _____
 First Middle Last

4. Date of Birth (Month/ Day/ Year): ____/ ____/ ____ 5. Your Home Phone Number: (____)- ____- ____

6. Your Cell Phone Number: (____)- ____- ____ 7. Your E-mail Address: _____

Please Select 'YES' if you would like to receive text updates:

YES

NO

8. Last Name of Parent or Legal Guardian _____ 9. First Name of Parent or Legal Guardian: _____

10. What is Your Race?

American Indian or Alaskan Native
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White or Caucasian
 Asian
 Middle Eastern/ North African
 Other

11. What is Your Ethnicity?

Hispanic or Latino
 Not Hispanic or Latino

12. What is Your Sex at Birth?

Male
 Female

13. What is Your Gender Identity?

Male
 Female
 Non-Binary (not Female/ Male)
 Two Spirit (Native American/ First Nation)
 Another Gender _____
 Gender Nonconforming
 Not Sure
 Decline to Answer
 Do not understand the question

14. Does Applicant identify as transgender?

Transgender is an umbrella term for people whose identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. Some transgender people will identify with the opposite gender they were assigned at birth, and some may not identify with any binary gender. Someone who identifies their gender as androgynous, gender queer, non-binary, gender non-conforming, MTF or FTM may also consider themselves to be transgender.

YES

NO

SYEP PRIDE (Optional)

SYEP Pride will work toward a future without discrimination where all people have equal rights to employment. We will work with youth and businesses alike to produce LGBTQ+ Pride opportunities that inspire, educate, commemorate, and present a level field for a diverse community. SYEP Pride will connect people between the ages of 14-24 who identify as LGBTQ+ with supportive, safe, and affirming work and career exploration experiences.

By opting in, you are affirming that you are willing to participate in the inaugural SYEP PRIDE program.

I AGREE

I DECLINE TO OPT IN

15. What Are Your Gender Pronouns?

She/ Her/Hers
 He/ Him/ His
 They/ Them/ Theirs
 Another Pronoun _____
 Decline to Answer

16. What Is Your Sexual Orientation?

Heterosexual (Straight) Queer
 Gay Questioning
 Lesbian Another Sexual Orientation
 Bisexual Not Sure
 Pansexual Decline to Answer
 Asexual

17. Selective Service Registration Number & Date: _____
 SSR # Date of Registration

Males 18 years of age or older must be registered with the Selective Service System to participate in the program (if you have not registered yet, please visit www.sss.gov)

18. *Applicants 18 or Older* Are You a Veteran?

YES**NO**

19. *Applicants 18 or Older* Are You an Active Military Applicant?

YES**NO**

20. How Well Do You Speak English?

Fluent/ Very Well

Not Well

Well

Not Well At All

21. Please Enter Your Primary Language: _____

22. Other Languages Spoken by You:
(Check All That Apply)

Albanian

Arabic

Bengali

Chinese (Including Cantonese & Mandarin)

English

French

Fulani

German

Gujarati

Haitian Creole

Hebrew

Hindi

Hungarian

Italian

Japanese

Korean

Kru, Ibo, Yoruba

Mande

Persian

Polish

Portuguese

Punjabi

Romanian

Russian

Spanish

Tagalog

Turkish

Urdu

Vietnamese

Yiddish

Other _____

HEALTH INFORMATION

23. Do You Have Health Insurance?

YES**NO****Decline to Answer**24. If YES, Please Specify The Health Insurance Down
Below (Check All That Apply)

Medicaid

Direct-Purchase

State Children's Health Insurance Program

Military Health Care

Medicare

Employment-Based

State Children's Health Insurance for Adults

Decline to Answer

25. If NO, Would You Like to Be Contacted About Signing Up for
Public Health Insurance? (Select One)**YES****NO****Decline to Answer****HOUSEHOLD INFORMATION**

26. You Live in a Household That Is Headed By (Select One):

Single Parent - Female

Single Parent - Male

Two Adults- No Children

Two Parent Household

Single Person- No Children

Multigenerational Household

Non-related Adults with Children

Other _____

27. What is Your Household Size? _____

28. Total Household Income in The Last 12 Months? \$_____

29. Please Check This Box If You Have No Household Income:

☐

29a. Please Select Your Housing Type:

Own

Rent

NYCHA

Shelter

Homeless

Other Permanent Housing

Other _____

29b. If You Live In NYCHA, Please Specify The NYCHA
Development Here:

30. What is Your Current Work Status (Select One)?

Employed Full-Time

Unemployed (Not In Labor Force)

Employed Part-Time

Migrant Seasonal Farm Worker

Unemployed (Short-term, 6 months or less)

Unemployed (Long-term, more than 6 months)

31a. Are You or Your Family Currently Receiving Public Assistance?

YES**NO**

31b. If YES, Please Specify Type of Public Assistance:

Family Assistance

SNAP (Supplemental Nutrition Assistance Program)

Safety Net/ Home Relief

S.S.I.

Other _____

32. Enter Your Full Address Here: _____ Zipcode: _____

Borough: _____

33. Do You Have Access to An Electronic Device With Internet Accessibility?

YES**NO**

34. Do You Have a Bank Account?

YES**NO**

35. If NO, Are You Interested In Opening a Bank Account?

YES**NO**

36. Are You Interested In Direct Deposit?

YES**NO****EMERGENCY CONTACT INFORMATION****Contact 1**

Contact Name: _____

Relation to Applicant: _____

Email Address: _____

Cell Phone Number: _____

Work Phone Number: _____

Contact 2

Contact Name: _____

Relation to Applicant: _____

Email Address: _____

Cell Phone Number: _____

Work Phone Number: _____

ADDITIONAL QUESTIONS

37. Are You Currently In The Foster Care System?

YES**NO**

38. Are You a Parent or a Guardian?

YES**NO**

39. Do You Have a Disability?

YES**NO**

40. Please Select Your Citizenship Status Down Below:

Citizen

Permanent Resident

Other

41. Are You Currently a Runaway?

YES**NO**

42. Are You Currently Homeless?

YES**NO**

43. Are You an Offender or Court Involved?

YES**NO**

44. Are You Receiving ACS Preventative Services?

YES**NO**

45. Are you a Gender-Based/ Domestic Violence Victim?

YES**NO**

46. How Did You Hear About Us? _____

EDUCATIONAL STATUS & CAREER DETAILS

47. What is Your Education Status?

Full-Time Student

Part-Time Student

Not In School

48. Where Is Your School Located?

In NYC

Outside of NYC

City & State of School _____

49. What is Your School Major?

50. What is Your Current/ Last Grade Completed?

51. Please Enter the Start and End Dates of Your Summer Break:

52. GPA / GPA Equivalent: _____

53. Name of School or Academic Institution:

54. Please Indicate the School System You Attend:

DOE

CUNY

SUNY

OTHER

55. **(Current DOE Students only)** OSIS #: _____

56. Do You Have Prior Work Experience (Paid or Unpaid)?

YES

NO

57. Are You Familiar with Any of These Skills? (Check All That Apply)

Adobe Creative Suite

Coding Languages

Customer Service

Data Entry

Graphic Designing

Marketing

Microsoft Office

Not Applicable

Presentations

Social Media

Web Design

Please Select One

58. What Is Your Long- Term Career Goal? Please List Three (3) Interests:

59. Are You a Current DOE- D75 Student?

YES

NO

60. Do You Have an Individualized Education Program (IEP)?

YES

NO

Certification of Accuracy: I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

Applicant Signature _____ Date: _____ Parent/Guardian Signature _____ Date: _____

OLDER YOUTH DOCUMENT CHECKLIST

Please provide ONE DOCUMENT from each category, as applicable. Please note that certain documents may count for more than one category.



**Photo
Identification**



Official Picture ID (school, city, state, government issued) IDNYC Municipal ID will be accepted



**Proof of
Age**



Birth Certificate



Benefit Card



NYS Driver/Non-Driver's License



Permanent Resident or Alien Registration Card



Valid U.S. Passport (signed)



**Proof of Social
Security Number**



Social Security Card

**this must be signed by participant*



**Proof of
Address**

Must be dated within 6 months of enrollment



Home Utility Bill



Current Lease, Mortgage, Deed, Rent Bill



Bank or Credit Card Statement



Insurance



Official Mail from a Federal, State or City Agency (including your school)



**Proof of
Employment
Authorization**



Report card (within the last 6 months)



Official school transcript



Valid U.S. Passport (signed)



NYS Driver's/Nondriver's License



Alien Registration Card



US Military Card/Draft Card



Voter's Registration Card



I-94, I-551, I-797 forms



Certificate of Naturalization



Employment Registration Card



**Only if
Applicable**



Proof of Disability: Official documentation as applicable certifying disability from a physician, ACS, HRA, School (IEP from school), Social Service agency or authorized entity on letter head.



Selective Service Registration Card or Selective Service "Online Receipt" Required for males 18 years of age or older.



REQUIRED IF UNDER 18:
Green working paper card for 16/17 year old youth

OLDER YOUTH (OY) PROGRAMS FREQUENTLY ASKED QUESTIONS

What will I be doing this summer?

This summer, you will be placed at a worksite based on your interests. Through this experience, you will explore career opportunities and obtain work-readiness, leadership, and networking skills.

You will be assigned to work 25 hours per week for six weeks at a pay rate of \$15 per hour.

How will I get paid? Do I have to pay to apply?

You can choose to have the money put directly into your bank account via direct deposit, or you may opt to have a payroll card mailed to you.

You will **not** have to pay to apply or to participate. The only costs you will be responsible for are your own transportation and meals.

How can I apply?

You can apply one of two ways:

- Online at www.nyc.gov/site/dycd/services/jobs-internships/summer-youth-employment-program-syep.page
- Via a paper application from one of our SYEP community partners: SYEP-2022-CB-OY.pdf (nyc.gov)

How are applications chosen?

DYCD selects participants via a random lottery to ensure fairness. There will be more than one lottery to ensure that all seats in the program are filled.

Some young people are directly recruited by our SYEP community partners for specialized programming.

OY Eligibility

- **16-24 years old by July 3, 2023**
- **NYC resident**
- **Legally able to work in the US**

Dates to Remember

February 13th, 2023
Application Opens

March 31, 2023
Application Closes

July 5, 2023
SYEP 2023 begins!