

SUMMER YOUTH EMPLOYMENT PROGRAM

NYC

Department of
Youth & Community
Development

20
25



16-24 Years Old
Older Youth Application

GENERAL INFORMATION

Social Security Number:

Last Name:

First Name:

Middle Name Initial:

Sex at Birth: Male Female

Date of Birth:

Please select your preferred
Gender identity:

Male
 Female
 Transgender Female
 Transgender Male
 Gender Variant/ Non-Conforming
 Not Listed
 Prefer Not to Say

Please select your preferred Gender
Pronoun:

She/Her/Hers
 He/Him/His
 They/Them/Theirs
 Other
 Prefer Not to Say

Please select your Sexual Orientation:

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

Work Authorization:

Not Applicable (U.S. Citizen)
 Applicable (USCIS Document Available)
 Other

Selective Service Registration:

Applicable
 Not Applicable

**Please Note: Males 18 years of age and older must be registered with the Selective Service System to participate in the program.*

What is your address?

Zip Code:

Street Address:

Apartment #:

Borough/ City:

State:

Do you live in a NYCHA Development?

Yes

(Name of Development: _____)

No

EMERGENCY CONTACT INFO.

Contact Name:

Relation to Applicant:

Email Address:

Cell Phone Number:

Work Phone Number:

Contact Name:

Relation to Applicant:

Email Address:

Cell Phone Number:

Work Phone Number:

CONTACT INFORMATION

Parent or Legal Guardian First and Last Name:

Home Phone Number:

Cell Phone:

Please select 'Yes' if you would like to receive text updates: Yes No

Your Email Address:

Second Email Address:

EEO QUESTIONNAIRE & OTHER INFORMATION

Please select your ethnicity: Hispanic Non-Hispanic

Please select your race: American Indian/Alaskan Native Asian Black/African American
Native Hawaiian/ Other Pacific Islander White/ Caucasian Other

How well do you speak English? Fluent/ Very Well Well Not Well Not Well at all

What other language(s) are you comfortable speaking?

EDUCATION INFORMATION

Education Status: Full-time Student Part-Time Student Not-in-School

Current/Last Grade Completed:

OSIS/
School ID:

What type of school did/do you attend?

CUNY DOE SUNY Charter Other

Major/
Concentration:**OTHER INFORMATION**Current Work
Status:Employed Full-time Employed Part-Time Retired
Unemployed (Short-term, 6 months or less)
Unemployed (Long-term, more than 6 months)
Unemployed (Not in Labor Force) Migrant Seasonal Farm Worker

Do you have a disability?

Yes No

Are you currently in the
foster care system?

Yes No

Are you currently homeless?

Yes No

Are you currently a
runaway?

Yes No

Are you receiving ACS
Preventative Services?

Yes No

Continued on Next Page

Are you justice- involved?

Yes No

Have you served in the military?

Yes No

Are you a parent?

Yes No

Are you a current DOE D-79 student?

Yes No

Do you have an Individualized Education Program (IEP)?

Yes No

Are you a member of the Business LINK (HRA Cash Assistance Program)?

Yes No

Are you a Gender Based/ Domestic Violence Victim?

Yes No

Are you currently receiving public assistance?

Yes No

The applicant lives in a household that is headed by:

Single Person- No Children

Single Parent- Female

Single Parent- Male

Two Parent Household

Two Adults- No Children

Other

Total income for last 12 months:

Do you have health insurance?

Yes No

If yes, please select the health insurance you have:

Medicaid

Medicare

Direct-Purchase

Employment-Based

State Children's Health Insurance Program

State Children's Health Insurance for Adults

Military Health Care

Decline to Answer

If no, would you like to be contacted about signing up for public health insurance? Yes No

Do you have previous work experience?

Yes No

Do you have a bank account?

Yes No

Are you interested in opening a savings account?

Yes No

Would you like to be paid through Direct Deposit?

Yes No

Have you ever participated in any other DYCD-funded Workforce programs?

Do you have access to an electronic device with internet accessibility?

Yes No

SYEP Pride gives LGBTQ+ participants the chance to take part in unique trainings and special events that inspire, educate, and open doors to networking opportunities. If you are enrolled in SYEP, would you like to participate in the Pride component?

Yes No

How did you hear about us?

Please check off three (3) career goals:

Advertising	Fashion Design	Politics
Architecture	Graphic Design	Psychology / Counseling
Arts & Culture	Healthcare Design	Public Service
Business & Financial Services	Hospitality Management	Real Estate
Childcare	Human Resources	Retail
Communications & Broadcasting	Information Technology	Science & Mathematics
Computer Science	Law Enforcement	Sports
Conservation & Environmental Justice	Legal Services	Transportation
Construction	Management	Other
Education	Manufacturing	
Engineering	Marketing & Sales	
Entrepreneurship	Media & Entertainment	
	Non-Profit	
	Philanthropy	

CERTIFICATION OF ACCURACY

I, the undersigned, certify that all the 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: _____