

SANDOVAL COUNTY

2017 SUMMER YOUTH PROGRAM APPLICATION

APPLICATION MUST BE RETURNED TO THE SANDOVAL COUNTY HUMAN RESOURCES OFFICE IN PERSON, BY THE INDIVIDUAL APPLYING, WITH PROOF OF RESIDENCY NO LATER THAN 5:00 P.M. ON FRIDAY, APRIL 7TH.

Human Resources Hours of Operation: Monday-Friday 8:00 a.m.-5:00 p.m.

* INFORMATION IN RED REQUIRED (Please Print Legibly or Type)

*Name: _____

*Mailing Address: _____

City State Zip

Paycheck will be mailed to the address above _____ (initials)

*Student Phone #: _____ *Alternate Phone #: _____

*Student's Email Address: _____

Parent's Email Address: _____

*Physical Address (if different): _____
(For Proof of Residency)

	*NAME & ADDRESS OF SCHOOL ATTENDING	GRADE
*HIGH SCHOOL		
*OTHER		

*Are you a permanent resident of Sandoval County? YES NO

*Age as of June 5, 2017 _____ Students age 15-17 as of this date are eligible to participate.

If you are under the age of 16, you are required by the Department of Workforce Solutions to have a work permit and obtain a signature from a parent or guardian. If you are selected in the lottery drawing to participate in the program, permits will be sent with new hire paperwork and certified by the Department of Workforce Solutions at Orientation.

*Check the box identifying your District County Commissioner:

- District 1 - James Dominguez District 2 - Jay C. Block District 3 - Don G. Chapman
 District 4 - David J. Heil District 5 - F. Kenneth Eichwald

*Have you participated in the Sandoval County Summer Youth Employment Program? YES NO

*If so, when? _____

*Where did you work? _____

Students are allowed to participate in the SYEP for a maximum of two summers.

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Please describe any special skills or interests that will help us place you: _____

If you have a specific employer or job preference, please list it here:

Employer: _____ Job Preference: _____

OR Please identify your preferences for job type and work environment below:

Job Type - (Number items below 1 through 8 in order of preference)

___ Recreational/Children ___ Elderly ___ Animals ___ Information Tech.
___ Custodial /Grounds ___ Medical ___ Clerical/Office ___ Courts/Legal

Work Environment: ___ Outdoor ___ Indoor

NOTE: Identifying a job or employer preference does not guarantee placement with that employer or in the type of job requested. However, Human Resources will work to accommodate preferences where ever possible. _____ (Initials)

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered only for the current program year.

I understand that false or misleading information given in my application or during an interview may result in disqualification or discharge from the SYEP program. I also understand that failure to abide by all rules and regulations of Sandoval County and/or the employer to which I am assigned may result in discharge from SYEP.

I understand that I am required to provide a driver's license, School ID or other proof of permanent Sandoval County residency at the time I submit my application to Human Resources to establish my eligibility to participate in SYEP.

I understand that if I am selected to participate in the SYEP, I am required to attend the Mandatory Orientation on June 5th. _____ (Initials)

*Signature of Applicant

*Date

FOR OFFICE USE ONLY: Proof of Residency Verified _____ (Initials)