



Saratoga County  
DEPARTMENT OF EMPLOYMENT & TRAINING  
Lisa M. Scaccia, Director

152 West High Street, Ballston Spa, NY 12020

TEL: (518) 884-4170 FAX: (518) 884-4262

## 2016 SUMMER YOUTH EMPLOYMENT PROGRAM

June 28, 2016 – August 22, 2016 (reflects the 8-week window to work from but dates have flexibility)

### WORKSITE APPLICATION

**\*\*\* PLEASE RETURN BY April 8, 2016 \*\*\***

#### I. AGENCY REQUESTING ASSISTANCE

A) AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT Name/ Title: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

#### B) DESCRIPTION OF AGENCY

(Type of agency/ experience with youth employment): \_\_\_\_\_

#### II. JOB DESCRIPTION

A) THE JOB DESCRIPTION SHOULD BE DETAILED AND SPECIFIC AND MUST CONTAIN THE FOLLOWING INFORMATION: (A blank form exists at the end of this application for your convenience, or you may attach your own.)

- 1) Job title and # positions requested
- 2) Examples of work
- 3) Basic skills, work readiness and occupational skills utilized
- 4) Required knowledge, skills and abilities
- 5) Special requirements

#### III. SUPERVISION

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Alternate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

#### IV. SAFETY

Saratoga County Department of Employment & Training (DET) is very concerned with the safety of our participants. Strict adherence to safety procedures is expected at all times. Participants must be provided with safety equipment where appropriate (e.g. safety glasses, work gloves, reflective vests). Any specialized training required to enable participant to safely and satisfactorily perform on the job is the responsibility of the worksite.

There are limitations on employment of minors for youth employment programs including the hours they can work and type of work they are allowed to do. Please reference the Division of Labor Standards, Laws Governing the Employment of Minors handbook or the NYS Department of Labor website ([www.labor.ny.gov](http://www.labor.ny.gov)). Copies of the handbook can be obtained from Saratoga DET if needed.

#### V. SCHEDULE

- A) Please complete the attached schedule form reflecting 20, 25 and 30 hours per week respectively. Once we have a budget and can do actual assignments, we will know how many hours per week each youth can work maximum. We always plan to provide maximum hours per week at the beginning of the program and cut back on the hours only if needed as the program progresses.

Are provisions made for inclement weather?    \_\_\_YES    \_\_\_NO    \_\_\_N/A

Please state what the participants will do in case of inclement weather:

Saratoga DET will send copies of the attached **Worksite Assignment** document to youth assigned to your worksite. Please complete a **Worksite Assignment** and **Schedules** form for each job title requested.

#### VI. FUNDING

- A) Does your agency have funds from any other source for the position requested?

\_\_\_YES    \_\_\_NO

- B) Has this position ever been funded through any other source?

\_\_\_YES    \_\_\_NO    Other funding source: \_\_\_\_\_

- C) Do any layoffs or work stoppages exist at your agency?

\_\_\_YES    \_\_\_NO

#### VII. TRANSPORTATION

- A) Is travel involved in this position?

\_\_\_YES    \_\_\_NO

- B) If yes, is transportation provided for this position?

\_\_\_YES    \_\_\_NO

**VIII. EQUAL EMPLOYMENT OPPORTUNITIES**

A) Is your agency or worksite accessible to the handicapped?

\_\_\_YES      \_\_\_NO

B) Is there a grievance procedure in place in your agency?

\_\_\_YES      \_\_\_NO

IF NO, interested parties and participants are entitled to use DET's grievance procedure.

**No party involved may discriminate with respect to any participant because of race, creed, color, national origin, sex, political affiliation or belief.**

**IX. CERTIFICATE OF LIABILITY INSURANCE**

Saratoga County requires that each worksite applicant meet specific liability provisions. Please submit your insurance certificate with the application.

**We cannot consider your application without an insurance certificate on file.**

**Is the Certificate of Liability Insurance enclosed?    \_\_\_YES    \_\_\_NO**

**If already on file with our Department:**

**Your Certificate of Liability Insurance:    Expired    \_\_\_\_\_**

**Will expire    \_\_\_\_\_**

---

**X. SIGNATURE**

The agency's authorized representative hereby certifies that the information in this application is correct to the best of his/her knowledge and belief. The agency further certifies that compliance with applicable labor laws is the responsibility of the worksite.

\_\_\_\_\_  
Signature of Authorized Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/ Printed Name of Authorized Agency Representative

# 2016 Labor Union or Agency Endorsement of SYEP Program

WORKSITE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

**Are employees at this worksite represented by a collective bargaining unit (labor union)?**

YES \_\_\_\_\_ **If YES, please complete Section I.** NO \_\_\_\_\_ **If NO, please complete Section II.**

.....  
**Section I Union Endorsement (to be completed by Union Representative)**

As the authorized bargaining agent for the union in existence at this agency, I am aware of the Employment Program and have determined that it does not infringe upon the rights of any union member covered under our collective bargaining agreement.

Name of Union: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Section II Agency Endorsement (to be completed if no union exists at your agency)**

If Employees at this agency are not represented by a labor union, the authorized agency representative must sign below, attesting to the same as above.

Agency Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This endorsement will become a part of the worksite agreement between the Saratoga County DET and the Worksite regarding the employment of eligible youth.*

**Please fill out all sections of the JOB DESCRIPTION  
and WORKSITE ASSIGNMENT forms.**

**JOB DESCRIPTION:**

Name of Worksite: \_\_\_\_\_

1) Job title: \_\_\_\_\_ # of positions requested: \_\_\_\_\_

2) Examples of work:

3) Basic skills, work readiness skills and occupational skills utilized in this position:

4) Required knowledge, skills and abilities:

5) Dress Code or other special requirements:

# WORKSITE ASSIGNMENT:

Please leave "Name of Employee" blank and begin with "My Assigned Worksite" below filling in your agency name and completing all remaining areas of this form. This form will be given to the assigned youth once matched with your worksite.

Name of Employee: \_\_\_\_\_

My Assigned Worksite: \_\_\_\_\_

My Job Title: \_\_\_\_\_

My Supervisor's Name: \_\_\_\_\_

My Worksite Phone Number is: \_\_\_\_\_

My First Day of Work is: \_\_\_\_\_

I Will Report At (exact time and location): \_\_\_\_\_

## Work Schedule:

### 20 HOURS:

	TIME BEGIN <u>(circle am or pm)</u>	Lunch Break <u>(if required*)</u>	TIME END <u>(circle am or pm)</u>
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

\*NYS Labor Law states that the noontime meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noontime meal period is entitled to at least a thirty minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.

## 25 HOURS:

	TIME BEGIN (circle am or pm)	Lunch Break (if required*)	TIME END (circle am or pm)
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

## 30 HOURS:

	TIME BEGIN (circle am or pm)	Lunch Break (if required*)	TIME END (circle am or pm)
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

\*NYS Labor Law states that the noonday meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noonday meal period is entitled to at least a thirty minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.