

SUMMER YOUTH WORK EXPERIENCE PROGRAM 2022 APPLICATION PACKAGE INSTRUCTIONS

1. Application pages must be **complete and legible**. All signatures must be done in ink, in script and be similar throughout.
2. All applicants must complete page 2 on the Summer Youth Work Experience Program 2022 Application. If you answered yes to question 17, continue the application through page 6. **Please note** your parent or guardian **must** sign the bottom of page 3. If you are under 16, you **must** complete page 8 as well.
3. If you are a foster child, you must provide documentation of your status from your Suffolk County Department of Social Services (DSS) foster care caseworker on their Agency letterhead, and the foster care caseworker must also **sign** page 3 of the Summer Youth Work Experience Application.
4. Two “Applicant/Participant Memoranda of Understanding” are included. Please read, sign both, and keep the second one for your records.
5. W-4 and I-9 Forms must be completed, **signed and dated**; they must be printed neatly, without white out and with the **name as it appears** on your Social Security card.
6. Please fill out the form entitled New York State Retirement System Option. If you choose to join the system, keep in mind that 3% of your wages will be subtracted from your salary and put into the retirement system.
7. All applicants must have a Social Security card and a **copy** must be submitted with the application.
8. All applicants who will be under the age of 18 as of July 5, 2022 must submit their **original** Student Employment Certificate (working card). Submit a blue card if you are 14 or 15, and a green card if you are 16 or 17.
9. Applicants who will be age 18 or over by July 5, 2022 must submit a **copy** of a photo I.D.
10. All applicants claiming U.S. Citizenship must submit a **copy** of their Birth Certificate with the application. All applicants who are not citizens must submit a **copy** of their Alien ID card (both sides).
11. All male applicants age 18, or who will turn 18 prior to August 19, 2022, must document their Selective Service Registration. You can register or receive verification online at www.sss.gov/.
12. Send application to Suffolk County Department of Labor, Licensing and Consumer Affairs Youth Programs, P.O. Box 6100, Hauppauge, New York 11788-0099.

Please Note: All applications must be reviewed and certified as eligible by the Suffolk County Department of Labor, Licensing and Consumer Affairs. For questions call 631-853-6526.

REMEMBER - SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE A JOB. THE SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING AND CONSUMER AFFAIRS WILL AUTHORIZE THOSE INDIVIDUALS WHO HAVE BEEN SELECTED FOR PARTICIPATION. Selected youth will be notified by their worksite as to when and where to report.

A proud partner of the  American Job Center network

DOL-S161 (3/03)



Suffolk County Executive Steven Bellone

Rosalie Drago, Commissioner, Labor, Licensing & Consumer Affairs

Samuel Chu, Workforce Development Board Chair

www.suffolkcountyny.gov/labor 631-853-6600

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**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING AND CONSUMER AFFAIRS
SUMMER YOUTH WORK EXPERIENCE PROGRAM 2022**

www.suffolkcountyny.gov/labor

A proud partner of the **AmericanJobCenter** network

The Suffolk County Department of Labor, Licensing and Consumer Affairs has funding from the Temporary Assistance to Needy Families (TANF) program to run a summer work experience program. This program gives young people the chance to work and earn money. Wages for in-school youth do not affect public assistance grants. To apply for the TANF Work Experience Program you must complete the following application package and meet the eligibility requirements of the program.

1. ____/____/____ 2. ____/____/____ 3. ____ 4. ____/____/____
 TODAY'S DATE BIRTHDATE AGE SOCIAL SECURITY NUMBER

5. _____ 6. _____ 7. _____ 8. _____
 LAST NAME FIRST NAME MI SEX

9. _____
 STREET ADDRESS APT NUMBER

10. _____ 11. _____ 12. _____ - _____
 TOWN STATE ZIP CODE

13. _____
 MAILING ADDRESS, *if different*

15. (____) _____ - _____ 16. (____) _____ - _____
 AREA CODE TELEPHONE # ALTERNATE TELEPHONE
 (FAMILY MEMBER)

14. RACE/ETHNIC (CIRCLE ONE)

WHITE	1
BLACK	2
HISPANIC	3
AMERICAN INDIAN/ ALASKAN NATIONAL	4
ASIAN/PACIFIC IS.	5
OTHER	6

_____ E-MAIL ADDRESS

17. **Are you:** A youth at least 14 years old and under the age of 21? YES NO
 If **YES**, then proceed to complete the application, you **may** be eligible for the TANF Summer Youth Work Experience Program.
 If **NO** – you are not eligible for this program.

1) Do you have a High School Diploma or GED? YES NO

2) Please identify any disabilities you may Have below:

Deaf	<input type="checkbox"/>
Blind	<input type="checkbox"/>
Extremities	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Internal	<input type="checkbox"/>
Multiple	<input type="checkbox"/>

3) Highest Grade Completed as of June 2022 _____

4) Limited English YES NO

5) Do you receive Family Assistance (TANF)? YES NO

In order to be eligible you MUST be within the following income guidelines.

TANF Income Standards

Family Size	Monthly Income	Annual Income
1	\$2,265	\$27,180
2	\$3,052	\$36,620
3	\$3,838	\$46,060
4	\$4,625	\$55,500
5	\$5,412	\$64,940
6	\$6,198	\$74,380

For family units with more than six members, add \$787 monthly or \$9,440 annually for each additional family member.

A. Are you a United States citizen? YES NO If not, please complete the following information:

INS Form Number: _____
 Alien Number: _____
 Date of Entry into United States: _____

Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

FAMILY ASSISTANCE SAFETY NET	MEDICAID	SNAP/FOOD STAMPS	HEAP	SSI

B. Tell us about any Income of your family members

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, legal guardian, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc., received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

FAMILY SIZE AND INCOME

FAMILY HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	INCOME SOURCE WAGES, SOCIAL SECURITY, ETC.	RECEIVED CHECK ONE		
			Yearly	Monthly	Weekly

APPLICANT NOTIFICATION AND SIGNATURE

The individual signing this application may be asked to prove any or all your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

****If the applicant lives with his or her parents/legal guardian, a parent or legal guardian must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.****

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____

Relationship to Applicant: _____

NAME _____ SOCIAL SECURITY # _____

CURRENTLY ATTENDING SCHOOL FULL TIME YES NO SEQUENCE/MAJOR COURSE OF STUDY _____

VOCATIONAL TRAINING COURSES _____

The Barriers to Employment listed below are factors that can make an applicant eligible according to the criteria set by New York State. Please check any that apply to you that you would like us to consider in reviewing your application.

BARRIERS TO EMPLOYMENT:
CHECK THOSE WHICH APPLY

SPECIFIC NEEDS TO OVERCOME BARRIERS:
CHECK THOSE WHICH APPLY

- PREGNANT/PARENTING
- RUN-AWAY/HOMELESS
- YOUTH OFFENDER
- LIMITED ENGLISH ABILITY
- SUBSTANCE ABUSER
- HIGH SCHOOL DROPOUT - HIGHEST GRADE COMPLETED _____
- YOUTH NEEDS ADDITIONAL ASSISTANCE

- CHILDCARE
- FAMILY COUNSELING
- TRANSPORTATION
- ESL TRAINING
- SUBSTANCE ABUSE COUNSELING
- GED TRAINING
- HEALTH CARE
- HOUSING
- BASIC SKILLS ED.

WHAT ARE YOUR PLANS FOR SEPTEMBER 2022?

- A. ATTEND SCHOOL/COLLEGE B. ATTEND VOCATIONAL SCHOOL C. LOOK FOR WORK

PRIOR WORK HISTORY: (NOTE ADDITIONAL WORK HISTORY ON BACK OF THIS PAGE)

EMPLOYER NAME: _____ FROM: _____ TO: _____ JOB TITLE: _____

ADDRESS: _____ RATE OF PAY: _____ REASON FOR LEAVING: _____

TASKS PERFORMED: _____

PRIOR TANF/WIOA TRAINING/WORK EXPERIENCE:

ACTIVITY: _____

LOCATION: _____

TASKS PERFORMED: _____

APPLICANT TO COMPLETE:

WRITE A SHORT PARAGRAPH OUTLINING ANY INFORMAL WORK EXPERIENCE YOU MAY HAVE HAD SUCH AS BABY-SITTING, YARD WORK, ETC.

X _____
APPLICANT'S SIGNATURE

COUNSELOR'S SIGNATURE

Career Interest Area

What career would you be interested in gaining experience and learning a specialized skillset? (Please mark two areas)

Arts & Culture: Arts, Communication, Entertainment, Media

This career interest area focuses on expressing ideas through written and verbal communication, creative expression and diverse mediums.

Business: Accounting, Consulting, Finance, Human Resources, Marketing & Sales, Operations

This career interest area inspires innovative ideas and incorporates design thinking, strength-based management principles, and views business as an agent of world benefit.

Engineering, Technology & Data Science

This career interest area focuses on solving the world's most pressing problems through strong research initiatives and experiential education within an ecosystem of innovation.

Entrepreneurship

This career interest area helps you refine practically any entrepreneurial idea and connect you to the resources you will need to launch and maintain a business.

Healthcare: Medicine, Dentistry, Nursing, Other Health Professions

This career interest area focuses on the experiences and skills needed to succeed in the dynamic field of healthcare.

Public Service: Education, Government, Law, Nonprofit

This career interest area focuses on advocating for the common good.

Sciences: Life, Physical

This career interest area focuses on pathways and opportunities that require careful observation, rigorous experimentation and skills that equip you to analyze and evaluate data.

Interest Types

Identify your interest description with the type of activities and occupations you would like to focus your work experience on. (Please mark two areas)

Realistic – Hands-on, Doers:

People with realistic interests value practical things you can see, touch, and like practical, hands-on work activities. They like working with plants, animals, and real-world materials such as wood, tools, and machinery. They often enjoy working outside.

Activities

- Assemble
- Drive/Transport
- Repair
- Use Physical Skill

Occupations

- Baker
- Bus Driver
- Electrician
- Veterinary Assistant

Investigative – Problem Solvers, Thinkers:

People with investigative interests like work that involves ideas and thinking rather than physical activity. They like to search for facts and figure out problems. They are drawn to working with ideas and data over people-oriented activities.

Activities

- Analyze
- Experiment
- Explore
- Research

Occupations

- Biologist
- Computer Programmer
- Dentist
- Urban Planner

Artistic – Creativity, Creators

People with artistic interests like work that deals with the creative side of things, such as acting, music, art, and design. They value self-expression and avoid highly structured and repetitive work. They like to work with ideas and things.

Activities

- Design
- Paint
- Perform
- Write

Occupations

- Graphics Designer
- Hairstylist
- Landscape Architect
- Musician

Social – Collaborators, Helpers:

People with social interests like to do things to help people. They like working with people more than working with objects, machines, or information. They like teaching, advising, and being of service to people.

Activities

- Build Relationships
- Coach
- Help Others
- Serve

Occupations

- Customer Service Representative
- Food Server
- Home Health Aide
- Teacher

Enterprising – Decision-Making, Persuaders:

People with enterprising interests like work that involves starting up and carrying out projects. They like taking action rather than analytic thinking. They like persuading and leading people, making decisions, and taking risks. They like to work with people and data.

Activities

- Lead
- Manage
- Sell
- Strategize

Occupations

- Construction Manager
- Lawyer
- Property Manager
- Telemarketer

Conventional – Decision-Making, Persuaders:

People with conventional interests like work that follows set procedures and routines. They like structure and order. They like working with data and details more than ideas.

Activities

- Budget
- Document
- Organize
- Plan

Occupations

- Accountant
- Cashier
- Hotel Desk Clerk
- Teller

***KEEP THIS PAGE (FOR YOUR RECORDS)

Skylight/NetSpend Pay Program

The Skylight/NetSpend Pay Program provides you with a safe and convenient alternative to cash and traditional paper paychecks. Your money is directly deposited into an account at an FDIC insured bank and can be accessed through your Skylight ONE Visa Prepaid Card. Your pay will be in your account and ready to use on payday. **This is NOT OPTIONAL. This is how you will be paid.**

- Enjoy easy access to your money.
- You can make purchases at stores or get cash through a surcharge-free ATM.
- Use your card to access 100% of your wages, down to the penny, without any fee, at any Visa or MasterCard member bank (look for a bank branch with the Visa or MasterCard logo, as applicable).
- Once you are enrolled in the program, a card with your name on it will automatically be sent to your mailing address. **DO NOT THROW THIS AWAY!**
- Follow the instructions on your card to activate it and choose your personal identification number (PIN) at least 24 HOURS after receiving.
- Call the number on the back of your card to get your balance through the automated phone system or visit skylightpaycard.com and “Register for Online Access” to get started. **Failure to use one of these methods may result in charges.**
- **DO NOT** write your PIN on your card. Treat your card like cash!
- If your card is lost, contact the Dept. of Labor (DOL) at 631-853-6526 immediately for a replacement card.
- **Keep this card in a safe place, and save for future DOL employment.**

On the following pages...

***Please fill out the Employee Pay Form.

***If you are under 16 years of age, you will have to fill out the Parental Consent form and have it signed by a parent.

EMPLOYEE PAY FORM

Skylight/NetSpend Pay Program (the Program)

With the Program, your wages will be deposited in your Skylight Account, which is maintained in a pooled custodial account at the bank that is issuing/sponsoring the Program (Bank) and which is insured by the FDIC up to the limits permitted by law. Every employee is eligible for the Program. There is no application and no credit approval process (but we may ask you for your information and/or documents that will allow us to identify you, such as your date of birth, social security number and driver's license).

With **The Skylight ONE Card**, you can make purchases at stores or get cash through ATM withdrawals. You can also use your Skylight ONE Card to access 100% of your wages, down to the penny, without any fee, at any Visa or MasterCard member bank (look for a bank branch with the Visa or MasterCard logo, as applicable). You can check your balance for free online.

By signing hereunder, I authorize the Company to send credit entries to the Skylight Account, as applicable. This authorizes the financial institution holding the Account to post all such entries.

Signature

Date

____ - ____ - ____
Social Security Number

Printed Name

Date of Birth

Mailing Address (No P.O. Boxes)

Apt #

City

State

Zip Code

Have you worked in our program before? Y N

If yes, do you still have your card? Y N

Office Use Only

Counselor _____

Start Date _____

***** PLEASE KEEP YOUR CARD IN A SAFE PLACE FOR FUTURE EMPLOYMENT *****

FILL OUT ONLY IF YOU ARE UNDER 16 YEARS OF AGE

PARENTAL CONSENT

I, _____ (Name of Signatory), hereby state that I am the _____ legal guardian of _____ (Name of Minor Employee) who is presently ____ years of age born on _____ (Month, Day and Year) (the “Employee”) and employed by **Dept. of Labor, Licensing and Consumer Affairs** (Name of Employer) (the “Employer”). I hereby consent to the Employee’s receipt of his or her wages from the Employer (or any successor employer) on the Skylight PayOptions Program (or any successor program) (the “Program”) from the date on the bottom of this consent form until such time the Employee is no longer employed by Employer or I revoke this consent in writing. I acknowledge that I have had an opportunity to review the Cardholder Agreement, the privacy policy, the fees and other disclosures regarding the Program with the Employee. I consent to the provision of any identification documents or information to NetSpend Corporation from the Employer (or the Employee) regarding the Employee and the use of such information by NetSpend Corporation for the purpose of establishing the account related to the Program. I further consent to the Cardholder Agreement and privacy policy relating to the Program on the behalf of the Employee.

Printed Name of Signatory

Signature

Date

The Skylight ONE Prepaid Visa Card is issued by BofI Federal Bank pursuant to a license from Visa U.S.A., Inc., and can be used everywhere Visa debit cards are accepted. The Skylight ONE Prepaid MasterCard is issued by BofI Federal Bank pursuant to a license by MasterCard International Incorporated. BofI Federal Bank, Member FDIC. Netspend, a TSYS® Company, is a registered agent of BofI Federal Bank. The Skylight ONE Prepaid MasterCard can be used everywhere Debit MasterCard is accepted. Certain products and services may be licensed under U.S. Patent Nos. 6,000,608 and 6,189,787. MasterCard and the MasterCard Brand Mark are registered trademarks of MasterCard International Incorporated. Use of the Card Account is subject to activation, ID verification and funds availability. Transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement for details.

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SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS (LLCA)
APPLICANT/PARTICIPANT MEMORANDUM OF UNDERSTANDING

The following information will provide you with an overview of the services and programs administered by the Suffolk County Department of Labor, Licensing & Consumer Affairs (LLCA) for which you may be eligible. In addition, this Memorandum serves to advise you that you have certain rights and certain responsibilities as an applicant and participant.

1. **EMPLOYMENT AND TRAINING PROGRAMS**

A. The purpose of programs administered by the LLCA is to provide services and activities that increase the employment, retention, and earnings of participants, as well as increase their occupational skill level.

B. 1. Programs include:

Adult, Dislocated Worker and Youth Programs
Displaced Homemaker Program
Public Assistance Programs

2. Services and activities include:

Outreach	Career Counseling
Orientation to the One-Stop System	Labor Market Information
Use of the Employment Center	Career Transition Workshops
Skills assessment	Job Search Workshops
Supportive service assessment	On-the-Job Training
Information regarding filing claims for unemployment	Education and Training when appropriate and suitable
Job vacancy listings and job banks	Employer Open Houses and Job Fairs
Computers, Internet access, and phone banks	Information on community services
Job search and placement assistance	Follow-up services

In addition to the above, youth services also include:

Dropout Prevention Strategies	Leadership Development Opportunities
Alternative Schools	Supportive Services
Summer Employment Opportunities	Adult Mentoring
Occupational Skill Training	Comprehensive Guidance and Counseling
	As appropriate, paid & unpaid work experience including: internships & job shadowing

C. You agree to fully comply with the program standards and procedures which govern that activity.

D. You agree to follow the plan developed by you and LLCA staff.

E. You must agree to seek employment at the conclusion of the program. If you received education and/or training you must seek training related employment at the conclusion of the program.

F. You agree to cooperate with all post-program follow-up efforts conducted by our staff counselors.

2. **UNEMPLOYMENT INSURANCE INFORMATION:** If you are laid-off or fired from a wage paying job, you may be eligible for Unemployment Insurance Benefits. You must apply to the New York State Department of Labor to find out if you qualify.

3. **CHARGING OF FEES:** There is no charge to you for any of the services sponsored by the LLCA. Should any person attempt to charge you money or request any kind of favor from you, report that person to the LLCA at (631) 853-6552.

4. **LIMITATIONS ON POLITICAL ACTIVITY:** Participants may neither be involved in political activities during the hours for which they are paid with federal or state funds, nor may they act as a spokesperson for LLCA Programs at political activities.

5. **LIMITATIONS ON WORK AT RELIGIOUS OR SECTARIAN FACILITIES:** As part of their LLCA funded activity, participants may not be employed or involved in the construction, operation or maintenance of any portion of any facility used or to be used for sectarian instruction or as a place of religious worship.
6. **DISCRIMINATION COMPLAINT PROCEDURES:** No individual will be excluded from participation in, denied the benefits of, subjected to discrimination, or denied employment in connection with any programs because of race, color, religion, sex, national origin, age, disability, political affiliation or belief or your status as a participant in LLCA programs. Participation in LLCA programs and activities shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States. An individual has the right to file at the local, state and federal levels. All complaints of discrimination based on the preceding should be filed within one year of the occurrence directly with the LLCA Grievance Officer by phoning (631) 853-6552 or in writing to Suffolk County Department of Labor, Licensing & Consumer Affairs (LLCA), P.O. Box 6100, Hauppauge, NY 11788. An individual will be offered the choice of resolving the complaint through the customer discrimination complaint procedure or an Alternative Dispute Resolution through Mediation Process.

A complainant may file a written complaint at:

The One-Stop level directly with:

John J. Sarno
Local EO Officer
Suffolk County Department of Labor,
Licensing & Consumer Affairs (LLCA)
725 Veterans Memorial Highway
Hauppauge, NY 11788
631-852-7010
John.Sarno@suffolkcountyny.gov

The state level directly with:

State Level Grievance Officer
New York State Department of Labor
W. Averell Harriman State Office
Building Campus
Building 12, Room 440
Albany, New York 12240-0001

Or the federal level directly with:

United States Department of Labor
Employment & Training
Administration
25 New Sudbury Street
John F. Kennedy Federal Building,
Room E-350
Boston, MA 02203

7. **COMPLAINTS OF CRIMINAL ACTIVITY:** All information and complaints involving fraud, abuse, or other criminal activity shall be reported directly to:

Office of Inspector General
United States Department of Labor
Room S-5506
200 Constitution Avenue, N.W.
Washington, D.C. 20210
The telephone hotline number is 1-800-347-3756

8. **ALL OTHER COMPLAINTS:** Complaints regarding disciplinary action, working conditions, payment of wages or other training related matters should be directed to the LLCA Grievance Officer at (631) 853-6552. All non-criminal complaints must be made within one (1) year of the alleged occurrence.

Note: If necessary, SCDOLLCA will provide assistance to understand and participate in any complaint process to individuals with special needs (e.g. hearing impaired, Spanish speaking, etc.).

9. **CUSTOMER SATISFACTION:** The (LLCA) is committed to achieving superior standards in the areas of Customer Waiting Intervals, Services Provided, and Quality of Service. Accordingly, you will be surveyed, by phone or mail, and asked to provide comments regarding your experiences with us. Your responses will be used to help us measure our levels of success and to maintain and improve services to our customers.
10. **PUBLIC INFORMATION:** In an effort to inform the general public of the efforts and success of the Suffolk County Department of Labor, Licensing & Consumer Affairs Programs, you may, in the course of your activities with us, be asked to have your photograph taken. By checking yes, you grant the (LLCA) permission to use your experience and photograph for promotional purposes. Yes ____ No ____
11. **ACKNOWLEDGEMENT:** My signature acknowledges that I have received a copy of this Memorandum of Understanding, understand the information provided, and agree to comply with program requirements in order to continue receiving services.

DATE: _____ **PRINT NAME:** _____ **SIGNATURE:** _____

Auxiliary aids and services available upon request to individuals with disabilities. Equal Opportunity Employer Program

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Building Campus
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Albany, New York 12240-0001

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Washington, D.C. 20210
The telephone hotline number is 1-800-347-3756

8. **ALL OTHER COMPLAINTS:** Complaints regarding disciplinary action, working conditions, payment of wages or other training related matters should be directed to the LLCA Grievance Officer at (631) 853-6552. All non-criminal complaints must be made within one (1) year of the alleged occurrence.

Note: If necessary, SCDOLLCA will provide assistance to understand and participate in any complaint process to individuals with special needs (e.g. hearing impaired, Spanish speaking, etc.).

9. **CUSTOMER SATISFACTION:** The (LLCA) is committed to achieving superior standards in the areas of Customer Waiting Intervals, Services Provided, and Quality of Service. Accordingly, you will be surveyed, by phone or mail, and asked to provide comments regarding your experiences with us. Your responses will be used to help us measure our levels of success and to maintain and improve services to our customers.
10. **PUBLIC INFORMATION:** In an effort to inform the general public of the efforts and success of the Suffolk County Department of Labor, Licensing & Consumer Affairs Programs, you may, in the course of your activities with us, be asked to have your photograph taken. By checking yes, you grant the (LLCA) permission to use your experience and photograph for promotional purposes. Yes ____ No ____
11. **ACKNOWLEDGEMENT:** My signature acknowledges that I have received a copy of this Memorandum of Understanding, understand the information provided, and agree to comply with program requirements in order to continue receiving services.

DATE: _____ **PRINT NAME:** _____ **SIGNATURE:** _____

Auxiliary aids and services available upon request to individuals with disabilities. Equal Opportunity Employer Program

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
Add the amounts above and enter the total here		3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Suffolk County Audit and Control, H. Lee Dennison, Hauppauge, NY 11788		



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name SCDOLLCA		
Employer's Business or Organization Address (Street Number and Name) 725 Veterans Memorial Highway	City or Town Hauppauge	State NY	ZIP Code 11788	

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Opportunities that build a strong community.
Talent to power a strong economy.

NEW YORK STATE RETIREMENT SYSTEM OPTION

The New York State Retirement and Social Security Law provides that participants enrolled on a part-time or temporary basis in a Work Experience component where a wage is earned are eligible to join the Retirement System. Since you are a Work Experience participant in a Suffolk County Youth Program, you are hereby given the option to join the New York State Retirement System.

Please be advised that if you decide to join the New York State Retirement System, you will be required to contribute 3% of your wages to the Retirement System which will be subtracted from your salary. If you subsequently withdraw from the Retirement System, you may also withdraw your contributions without waiting until age 62 as long as you have not vested or become eligible for any other benefit from the Retirement System.

ACKNOWLEDGMENT

I hereby acknowledge that I have been informed of my rights as an optional member of the New York State Retirement System.

_____ I choose **not** to join the Retirement System.

_____ I choose to participate in the Retirement System.

Participant Signature

Participant Social Security #

SCDOL Representative

Date

[] Approved

[] Not Approved

Administrative Review

DOL-S155 (rev. 7/20)



Suffolk County Executive Steven Bellone
Rosalie Drago, Commissioner, Labor, Licensing & Consumer Affairs
Samuel Chu, Workforce Development Board Chair
www.suffolkcountyny.gov/labor 631-853-6600