

Schenectady County Job Training Agency Summer Youth Employment Program



797 Broadway
Schenectady, NY 12309
Phone: (518) 344-2772
Fax: (518) 382-5988

COULD YOUR BUSINESS USE A FEW EXTRA HANDS THIS SUMMER, WITHOUT THE COST OF LABOR?

What is the Summer Youth Employment Program?

The Summer Youth Employment Program (SYEP) is a program operated by Schenectady County Job Training Agency with the intent of providing meaningful summer work opportunities to Schenectady County youth ages 14-21. For some youth, this is their first opportunity to gain real-world work experience.

When does the program take place?

Before the program begins, participants will have already taken action by applying to the program, attending a pre-screen interview to determine interests, skills, and readiness levels, submitted eligibility documentation, and attended a program orientation. Youth will begin their work assignments on **Monday July 3, 2017** and will complete 6 weeks of work at a minimum of 20 hours per week, the program will end on Friday, August 11, 2017.

How do I participate?

We are actively recruiting worksites that can accommodate summer youth employees. Any interested business or agency can complete a Worksite Request Form (attached) and submit it to Schenectady County Job Training Agency (mail/fax/e-mail). We will begin our interview and placement process on **Monday, May 1, 2017** so it would be most helpful to receive the Worksite Request Forms before this time. Please contact the SYEP Coordinator listed below for more information.

How much will it cost me to participate?

Nothing! The cost of employee wages and all other employment related costs are covered by Schenectady County Job Training Agency through various government and community grants. Worksites are solely responsible for providing their summer youth with a meaningful work experience through coaching and mentoring. Schenectady County Job Training Agency will provide a Job Coach who acts as a liaison between the youth and worksite to ensure that both participants and worksite partners have a beneficial and enjoyable experience.

PARTICIPATE NOW!

Contact:
Bailey Gardiner, LMSW
Summer Youth Employment Coordinator
Phone: (518) 344-2749
Fax: (518) 382-5988
bailey.gardiner@dfa.state.ny.us

Schenectady County Job Training Agency is an equal opportunity program.

SCHENECTADY COUNTY
SUMMER YOUTH EMPLOYMENT COOPERATIVE
Summer 2017 (July 3 – August 11) Worksite Request Form

Schenectady County Job Training Agency (SJTA)
 797 Broadway
 Schenectady, New York 12305
 (518) 344-2772 Fax (518) 382-5988

Business Information:

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Description _____

Is your organization: Private Sector Non-profit Public/Government

Please list the days/hours available for youth to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Has your business participated with Schenectady County Summer Youth Employment Program in the past? Yes No

Contact Information:

Business Representative:

Name: _____

Title: _____

E-mail: _____

Phone #: _____

Direct Supervisor:

Name: _____

Title: _____

(The name of this individual will be given to participants.)

Phone # : _____

(This phone # will be given out to participants.)

Alternate Supervisor:

Name: _____

Title: _____

Phone # : _____

See other side →

SCHENECTADY COUNTY
2017 SUMMER YOUTH EMPLOYMENT COOPERATIVE

Job Description:

1. Title of Summer Youth Employment Position: _____

2. Number of employees requested: _____

3. Minimum age of employees requested: _____ (age 14-21)

Please keep in mind that the majority of our applicants are age 14-16 and if you are requesting older youth, we will do our best to accommodate your request but will be choosing from a smaller pool of applicants.

Work: *Please describe the work that youth will be completing*

Equipment to be Used: *Please list any technology, tools, machines, etc. youth will be using*

Alternate Location(s): *If youth will be working at any location other than that listed on the front of this application, please complete the following:*

a) Location: _____

b) Phone #: _____

c) Percentage of total hours at this location: _____

Special Requirements: *Please list any special requirements youth will need (i.e. physical requirements/lifting/outdoor work, annual physical, fingerprinting, background check, etc.)*

If you would like to request a specific participant to work at your business this summer, please list their name(s) below; if they are selected through the lottery and meet the requirements of the program then they will be placed at your worksite.

Thank you for your support of the Summer Youth Employment Cooperative!