



**City of Bridgeport - Office of Youth Services**  
**2019 Summer Youth Employment Program**  
**APPLICATION FOR PARTICIPATION - MUST BE A BRIDGEPORT RESIDENT**  
**To qualify you must be age 14 by July 1, 2019 and no older than 21.**  
**Number of positions granted based on available funds.**  
**DEADLINE: May 31, 2019**

1. Applicant's Last Name (please print)		First Name (please print)		Middle Initial
2. Applicant's Street Address (No P.O. Box)		City	Zip	Female <input type="checkbox"/> Male <input type="checkbox"/>
3. Social Security Number	4. Student ID #:	5. Phone #:  Cell #:	6. Date of Birth  / /	7. Age
8. EMAIL : Print _____				
9. <b>Ethnicity</b> (please check all that apply)				
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino                      Other _____				
10. <b>Household Income</b> <u>All Sources</u>		Please circle for each source listed		
1.	\$	Weekly	Biweekly	Monthly
2.	\$	Weekly	Biweekly	Monthly
11. <b>Family Size</b> - # of people living in your house				
Adults 18 years old and over ____ Under 18 ____				
12. Are you being cared for by a foster family? Yes ____ No ____				
13. <b>U.S. Citizen?</b> Yes ____ No ____ If no, are you authorized to work in the U.S.? Yes ____ No ____				
14. Medical needs if any: _____				
15. In case of an emergency, please notify: _____ Phone #: _____ Relation to applicant: _____ Cell #: _____				
16. <b>Educational Status:</b> (check one)				
_____ In school				
_____ Did not complete school / highest grade completed: _____				
17. Name of school currently attending: _____ <span style="float: right;">Guidance Counselor</span>				
18. Have you previously worked for a Summer Youth Employment Program? Yes ___ No ___ What year? _____				

I hereby certify that information provided above is true and correct to the best of my knowledge.

Applicant's Signature

Parent/Guardian Signature if applicant is under 16

Applications will not be accepted without complete documentation, including signature of parent if applicant is under 16 years old.

Please return the application with **COPIES (NO ORIGINALS)** of **ALL** the following documents:

1. **COPY** of current Report Card (*grades and teacher comments are very important to selection process*)
2. **COPY** of Proof of Residency (*such as a piece of mail addressed to you at your home*)
3. **COPY** of Social Security Card
4. **COPY** of Photo I.D. (*if not in school provide CT State ID*)
5. **COPY** of Birth Certificate (*not hospital certificate*) or Passport

If you have any questions or are unable to obtain the documentation needed for these categories, please feel free to contact the Office of Youth Services at **(203) 576-7252**.

**BASED ON THE AVAILABILITY OF FUNDS**, employment begins on July 2, 2019 for five weeks through August 2, 2019. Youth chosen for employment will work an average of 4 hours per day, 5 days per week. Positions may be extended if funding permits. Certain positions may require additional hours and Saturdays. Please return **COMPLETED APPLICATION** (incomplete or mailed applications will not be accepted) to:

**City Hall  
Office of Youth Services  
45 Lyon Terrace, Room 301  
Office hours 9 am -5 pm**

### **Applications Due By May 31,2019**

Mandatory training sessions on Thursday, June 27th and Friday, June 28th from 9:00am-12:00pm.

#### **\*\* OFFICE USE ONLY \*\***

15. Recommended for employment? Yes No				16. Interests: Camp ___ Office ___ Outdoor ___ Retail ___ Health Care ___ Business ___			
17. If yes, Worksite assignment:							
18. Brief statement of duties (e.g. building maintenance - landscape maintenance)							
19. Hours/Week		20. Wage/Hour		21. Start Date		22. End Date	
23. Reason for termination of participant (quit or completed)							
Signature of Intake Official						Date	