



## SUMMER YOUTH EMPLOYMENT PROGRAM 2026

The Summer Youth Employment Program is funded by State and Federal grants and has eligibility requirements for participation

### **PLEASE READ THE IMPORTANT INFORMATION BELOW**

**There are a limited number of summer employment positions available for Youth ages 14-20.**

**\*\*\*Completing an application and participating in an interview does NOT guarantee employment\*\*\***

**\*18 + will be required to complete State/National fingerprint supported background check\***

- Attached please find the SYEP 2026 application. All applications must be fully completed and submitted (drop off only: 50 North St Monticello, NY) -or- email; [syepinfo@sullivanny.gov](mailto:syepinfo@sullivanny.gov) If applicant is under 18 a parent -or- legal guardian must sign the application in addition to the applicant.
- **Completed applications are due no later than: May 8, 2026 (applications submitted later will be placed on a wait list and not guaranteed an interview)** Please NOTE: Applications submitted without the following required documentation WILL NOT be accepted.
  - Photo Identification (state issued &/or 2025-2026 student id/printout &/or valid passport) (original)
  - Valid Working Papers if Under age 18 (see your guidance office to obtain) (original)
  - Social Security Card (original)
  - Birth Certificate (original)
  - Proof of Household Income for last 6 mo. (proof of PA/SNAP/HEAP/MA benefits, SSI or SSD award letter, official foster care letter, current year income tax return)
  - Proof of Sullivan County year-round residency (PA/MA/FS/HEAP printout, utility bill, lease agreement, participant school record, tax bill etc.)
- The tentative dates for SYEP 2026 are July 6, 2026 thru August 14, 2026. (must be willing to commit to all weeks/days of the program, SYEP does not have make up or vacation days)
- SYEP employment days & hours are: Monday thru Thursday 9am until 3pm. The end of year event on last Friday of the program August 14, 2026 is mandatory
- Summer school obligations preclude youth from participation
- Applicants will be required to interview. An interview will be scheduled by appointment only.
  - Dress appropriately for your interview (no ripped jeans, hoodies, slides etc.)
  - In an interview, please be prepared to discuss; prior work experience (volunteer work &/or community service), type of work you're interested in and the means of transportation you will be using to get to and from the assigned job site (program does not provide transportation)
  - If under 18 legal parent or guardian must come to interview appointment to sign required documents
- Read all sections of the application before completing it, complete all fields, ensure all phone numbers provided are accurate and active, provide an active email address that is checked regularly.  
**If you have any questions please email: [syepinfo@sullivanny.gov](mailto:syepinfo@sullivanny.gov) or call 845-794-3340**

**Youth Programming & Services  
Sullivan County - Center for Workforce Development**

**Thank you for applying for a position with the Sullivan County Center for Workforce Development  
Summer Youth Employment Program (SYEP) 2026**

**SULLIVAN COUNTY CENTER FOR WORKFORCE DEVELOPMENT  
2026 SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION**



Please **PRINT** clearly and complete all information that applies to you.

**BACKGROUND AND FAMILY**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address (street, city, state, zip code): \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ E Mail Address: \_\_\_\_\_

Ethnicity/Race: \_\_\_White \_\_\_Black/African American \_\_\_Hispanic/Latino \_\_\_Asian  
 \_\_\_Alaskan/American Indian \_\_\_Hawaiian/Pacific Islander \_\_\_Other

Are you a U.S. citizen? Yes \_\_\_ No \_\_\_

If no, are you authorized to work in the U.S.? Yes \_\_\_ No \_\_\_

If you are a male 18 years of age and older:

Have you registered for Selective Service? Yes \_\_\_ No \_\_\_

If yes, your Selective Service number is: \_\_\_\_\_

Do you live with: \_\_\_Your parent(s) \_\_\_On your own \_\_\_ Non-relatives \_\_\_ Relatives

Are you a: \_\_\_Foster child \_\_\_ Runaway \_\_\_Homeless

Parent/Legal Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Starting with yourself, please list information for **all** people living in your household (information required due to program eligibility requirements:*

Name	Age	Relationship to You	Monthly Income	Source of Income
		<b>SELF</b>		

**Education**

Are you currently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes Name of School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Do you have an IEP (Individualized Education Plan)? Yes \_\_\_ No \_\_\_

Will you be attending Summer School? Yes \_\_\_ No \_\_\_ Unsure \_\_\_\_\_

If no: Did you graduate: Yes: \_\_\_\_\_ No \_\_\_\_\_

What year did you last attend? \_\_\_\_\_

Have you/are you attending vo-tech training classes? Yes \_\_\_ No \_\_\_

If yes what course of study: \_\_\_\_\_

**Additional Participant Information**

Will you commit to six weeks of employment during July and August? Yes \_\_\_ No \_\_\_

Have you participated in the Summer Youth Employment Program before? Yes \_\_\_ No \_\_\_

If yes; What year(s): \_\_\_\_\_ Assigned site: \_\_\_\_\_

Do you have a valid work permit? Yes \_\_\_ No \_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

Do you have reliable transportation to get back and forth to work? Yes \_\_\_ No \_\_\_

What careers interest you? \_\_\_\_\_

**Work/Volunteer/Community Service History**

Please start with your most recent

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Where worked: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Where worked: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Additional Household Financial Information**

Please indicate if you, or any member of your household, receive the following (this information is asked due to eligibility requirements of SYEP)

Active Past 6 mos. Pending

Public Assistance: \_\_\_ \_\_\_ \_\_\_ Case number \_\_\_\_\_

Food Stamps: \_\_\_ \_\_\_ \_\_\_ Case number \_\_\_\_\_

Medicaid: \_\_\_ \_\_\_ \_\_\_ Case number \_\_\_\_\_

Unemployment Compensation: \_\_\_ No \_\_\_ Yes Monthly benefit Amount: \_\_\_\_\_

Social Security Benefits: \_\_\_ No \_\_\_ Yes Monthly benefit Amount: \_\_\_\_\_

Other income: Type of income: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

My signature below indicates that I have been informed of and understand the eligibility information provided on this application and certify that it is true, correct and subject to verification. I understand that falsification is grounds for termination from the Summer Youth Employment Program and may result in action to recover any monies paid while participating in the program. Furthermore, falsification of any information provided on this application is a Federal and State criminal offense and subject to penalty. I understand that I must attend regularly and be on time, maintaining satisfactory progress in work experience activity. As an active participant the WIOA, OTDA and/or TANF sponsored program, I have been advised of non-traditional employment, the grievance procedures, and civil rights rules and procedures as outlined in the Summer Youth Program application process and amendments. I authorize the Center for Workforce Development or its assignees to obtain information concerning this application. I understand that my identity will be kept confidential to the greatest extent possible.

I understand as an applicant 18 years of age or older, I am subject to a criminal background check as required by the County of Sullivan

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(Date)

With my signature below, I verify that I am the legal parent or guardian of the applicant on this form, and I hereby give permission for my child to participate in the Summer Youth Employment Program provided through OTDA and the Workforce Innovation and Opportunity Act

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(CWD Staff signature)

\_\_\_\_\_  
(Date)

*Sullivan County Center for Workforce Development is an Equal Opportunity, Affirmative Action service provider.*



For office use only:

Date application received: \_\_\_\_\_ Interview date & time: \_\_\_\_\_ Spoke to: \_\_\_\_\_

Contact attempts: 1: \_\_\_\_\_ 2: \_\_\_\_\_

Notes: \_\_\_\_\_