

SANDOVAL COUNTY
2016 SUMMER YOUTH PROGRAM APPLICATION

*** INFORMATION IN RED REQUIRED**

***Name:** _____ ***Age as of June 6, 2016** _____

***Address:** _____ ***Phone #:** _____
City State Zip

***Mailing Address (if different):** _____

***Alternate Phone #:** _____ ***Email Address:** _____

| | *NAME & ADDRESS OF SCHOOL ATTENDING | GRADE |
|---------------------|--|--------------|
| *HIGH SCHOOL | | |
| *OTHER | | |

If you are under the age of 16, you are required by the Department of Labor to have a work permit and obtain a signature from a parent or guardian. Permits will be certified by Sandoval County and the Department of Labor.

***Are you a permanent resident of Sandoval County? YES NO**

***Check the box next to your District County Commissioner:**

Dist 1- James Dominguez

Dist 2 - Nora Scherzinger

Dist 3-Don Chapman

Dist 4- Glenn Walters

Dist 5- Darryl Madalena

***Have you participated in the Sandoval County Summer Youth Employment Program before? YES NO**

***If yes, when?** _____ ***Where did you work?** _____

Please describe any special skills or interests that will help us place you: _____

If you have an employer or job preference, please list it here: _____

NOTE: Identifying a job or employer preference does not guarantee placement with that employer or in the type of job requested. However, Human Resources will work to accommodate preferences where ever possible.

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered only for the current program year. I understand that false or misleading information given in my application or during an interview may result in disqualification or discharge from the SYEP program. I also understand that failure to abide by all rules and regulations of Sandoval County and/or the employer to which I am assigned may result in discharge from SYEP.

I understand that I am required to provide a driver's license, school ID or other proof of permanent County residency at the time I submit my application to Human Resources to establish my eligibility to participate in SYEP.

***Signature of Applicant**

***Date**