



Circle highest grade completed      8 – 9 – 10 – 11 – 12

Name of High School \_\_\_\_\_

City/State/Zip \_\_\_\_\_

List any trades, training(s) and/or certifications or licenses earned **pertaining to the summer employment experience for which you are applying** (Driver's License, outdoors gardening, handling of tools, photography; boating; fishing etc.)

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**WORK EXPERIENCE** (Use additional sheet if necessary)

Briefly describe all of your current and/or past work experience (duties and responsibilities)

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**VOLUNTEER INFORMATION:** (Please list any volunteer experience).

Agency Service	Title	Duties	Length of
_____	_____	_____	
_____			
_____	_____	_____	
_____			

List previous experience you have had pertaining to the summer employment experience for which you are interested in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any hobbies or areas of interest that you have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUESTIONNAIRE**

*Please handwrite your answers to the following questions in the spaces provided. Please respond fully to each question providing your best response.*

**Why should you be selected as a 2010 Youth Summer Work Success Program Participant?**

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**If selected for the Program, what will you contribute as a program participant in the Parks & Recreation Department?**

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**What do you expect to learn and how do you think you will grow by participating in the Program?**

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**Describe what excellent customer service means to you.**

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**REFERENCES**

*Please list professional references, not relatives, whom you have known at least five years. (Teachers, Ministers, Etc.)*

Name & Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name & Address \_\_\_\_\_ Phone# \_\_\_\_\_

Name & Address \_\_\_\_\_ Phone# \_\_\_\_\_

**AGREEMENT**

I agree to serve, if selected, as a Suffolk Youth Summer Work Success Program employee during the summer of 2010. I will comply with all the following conditions and requirements:

1. I agree to conduct myself in a mature, responsible manner and to remember that I am a representative of the City of Suffolk.
2. I agree to arrive punctually each day. In the event of illness or an emergency, I will call my supervisor as soon as possible to notify him/her of my absence.
3. I have read and understand the Suffolk Youth Summer Work Success Program information and agree to perform the duties therein to the best of my ability.
4. If my work performance or behavior is in any way deemed unacceptable by my immediate supervisor, or the Summer Work Success Program Coordinator or Suffolk Youth Services Coordinator, I understand that I may be terminated immediately.

**I understand that completion of the application process for the Suffolk Summer Youth Employment Program does not guarantee acceptance in the program.**

I certify that answers given herein are true and complete to the best of my knowledge without consequential omissions of any kind whatsoever. I agree that the City of Suffolk shall not be liable in any respect if I am disqualified from the Suffolk Youth Summer Work Success Program because of the falsity of statements, answers, or omissions made by me in this application.

**Consent to use Photographs**

I understand that photographs may be taken of me at any Suffolk Youth Summer Work Success programs or facilities for publication in material used to promote department programs, classes, or events.

**Waiver for Participation**

I hereby agree to participate in the above listed activities sponsored by the City of Suffolk upon the understanding and condition that I agree to abide by the rules, policies, and procedures of any Department in which I am assigned and the City. I will not hold the City of Suffolk, its staff, employees, representatives or agents responsible for loss of personal property or for medical or dental expenses incurred as a result of said participation including liabilities, expense, or judgments, attorney’s fees or court cost, except claims caused by the gross negligence or willful misconduct of the department. In the event of injury, I give permission for myself to be transported to the nearest medical facility and have appropriate care administered. I certify that all information given is correct and complete. I recognize that each employment experience may have different requirements and that I must follow all rules, regulations, policies, procedures and guidelines specific to each experience.

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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**BY MY SIGNATURE BELOW, I DECLARE:**

- All information contained on this City of Suffolk Summer Youth Application and given during my interview is correct and complete to the best of my knowledge and belief.
- I authorize the release of any criminal, educational, employment, medical, public housing, selective services, Social Security Administration, or any other sources needed to verify information related to determining eligibility for the Summer Youth Program.
- I authorize the release to The Suffolk Department of Social Services all information necessary to determine and review my eligibility. This authorization is valid for one year from the date of my signature or if not age 18 under the signature of my parent or legal guardian below. I understand that this time limit does not apply to investigations regarding possible fraud.

Signature of Applicant, Date & Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Signature of Parent, Date & Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Signature of Legal Guardian, Date, & Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

**(Parent or Legal Guardian Must Sign if Applicant is not 18 or older)**