City of Camden

Summer Youth Employment Program
Application Instructions

We appreciate your interest in temporary employment with the City of Camden Department of Human Service's - Office of Youth Service's Summer Youth Employment Program. All forms require a signature and cannot be submitted electronically. Return completed applications to:

City of Camden
Department of Human Services
Office of Youth Services
Charles "Poppy" Sharp Center
713-715 Broadway
Camden, New Jersey 08102
Phone: (856) 757-7644
Fax: (856) 757-7114

Complete each section of the application fully. Review all of the information to ensure it is correct. Failure to complete the application thoroughly could result in disqualification from the review process.

Applications will be accepted and considered complete <u>ONLY</u> if each of the following items is submitted:

- Copy of most recent report card
- Copy of (2) two forms of identification:
    1. Social Security Card
    2. Birth Certificate

***In order to participate in the Summer Youth Employment Program, you MUST be a returning high school student entering grade 12 or below AND were enrolled for the full 2014-2015 school year. ***

Application must be legible, complete and signed. Working Papers from the Camden Board of Education may be required before final commitment of program participation. Applicants may also be required to participate in an individual and/or group interview.

All applications must be received by Friday, May 22, 2015

Please note: **The above requirements are necessary for consideration in the Summer Youth Employment Program only and carrying out the above requirements does not guarantee participation.**

City of Camden

Department of Human Services
Summer Youth Employment Program

Application for Temporary Youth Employment

"An Equal Opportunity Employer"

PLEASE PRINTALL INFORMATION IN INK AND COMPLETE ALL ITEMS. IF ITEM NOT APPLICABLE PRINT N/A

PERSONAL INFORMATION

Name:_____ Date:_____

Social Security #:_____ Date of Birth:_____
(OFFICIAL CARD MUST BE PRESENTED)

Home Address:_____

City:_____ State:_____ Zip:_____

Primary Phone #:_____ Alternate Phone #: _____

U.S. Citizen:_____ If NOT, Visa # and expiration date: _____

POSITION APPLYING FOR

Title: **Summer Youth Worker**

What type of work are you interested in? (Indicate 1st, 2nd, and 3rd choice.)

_____ Child Care _____ Office _____ Hospital _____ Recreation _____ Laborer _____ Landscaping

EDUCATION

Highest Grade Completed: (K-12) _____ Diploma/G.E.D. _____ Yes _____ No

Name of School: _____

Dates Attended:_____

Clubs/Interests/Hobbies:_____

_____

_____

SUMMER YOUTH EMPLOYMENT PROGRAM HISTORY

Have you previously worked in the City of Camden's Summer Youth Employment Program?
Yes _____ No _____

If yes, Work Location: _____ When: _____

CERTIFICATIONS

I hereby authorize the City of Camden to request from relevant entities, any information pertaining to my child's background deemed necessary in determining their suitability for Summer Youth Employment Program participation. I also release said parties from any and all responsibility in supplying the requested information.

I agree and understand that neither the City of Camden nor any of its officers, agents or employees will be responsible in any manner for any accidents or injuries sustained by my child resulting from participation in this program, and we do hereby release and forever discharge them from any responsibility with respect thereto.

I/We further agree to indemnity and hold harmless the City of Camden, its officers, agents and employees, from any and all claims, suits or proceedings of any nature whatsoever that may be brought, on behalf of, or on account of, myself or my child for participating in this program.

I understand that my child's participation, as a temporary work experience employee, does not entitle them to benefits extended to regular employees. These include health, pension, leave time, compensation time and holidays.

A requirement of this activity is the provision of the following information, please circle all that applies to your household's circumstances:

Household Size:	1	2	3	4	5	6	7	8
Household income is below:	43,600	49,800	56,050	62,250	67,250	72,200	77,200	82,150

I have read and understand the above statements and I further attest that the information I have furnished is true and correct to the best of my/our knowledge.

_____
Parent/Guardian's Name (Print) (Signature) Date

_____
Child/Applicant's Name (Print) (Signature) Date

Return complete applications to the Office of Youth Services, Charles Poppy Sharp Center, 713-715 Broadway, Camden, NJ 08102

For Human Services Use ONLY

Received By: _____ Date: _____

AFFIDAVIT OF RESIDENCE OF
EMPLOYEE OF CITY OF CAMDEN
(CITY RESIDENT)

STATE OF NEW JERSEY)
SS:
COUNTY OF CAMDEN)

I, _____, of full age, being duly sworn upon my oath according to law, depose ad say:

1. I am an employee of the City of Camden, My present position is _____.

2. I am a permanent resident of the City of Camden. My permanent home address is _____, Camden, New Jersey, this meaning the place at which I and my family live, and where I now intend to remain.

3. I am aware that Ordinance MC-1760 requires, as a condition of my employment, that I maintain my permanent residence and home in the City of Camden as long as I remain a City employee, unless specifically exempted under Section 1(c) thereof.

_____

(Signature)

Sworn an Subscribed to
Before me this ____day
of _____2015