



## SUFFOLK COUNTY ONE-STOP EMPLOYMENT CENTER

### Suffolk County Department of Labor, Licensing & Consumer Affairs

725 Veterans Memorial Highway  
Hauppauge, NY 11788  
email: [sc.dol@suffolkcountyny.gov](mailto:sc.dol@suffolkcountyny.gov)  
[www.suffolkcountyny.gov/labor](http://www.suffolkcountyny.gov/labor)

ADDRESS CORRESPONDENCE TO:  
P.O. Box 6100  
Hauppauge, NY 11788-0099  
Phone # (631) 853-6600

### SUMMER YOUTH WORK EXPERIENCE PROGRAM 2017 APPLICATION PACKAGE INSTRUCTIONS

1. Application pages must be **complete and legible**. All signatures must be in script and be similar throughout. **Note:** Complete page 1 on the Summer Youth Work Experience Program Application. If you answered yes to question 17 ***please continue***.
2. All applicants must complete the attached Youth Services Application (pages 2 & 3) and the Suffolk County Department of Labor, Licensing and Consumer Affairs Summer Work Experience Program form (page 4).
3. If you are a foster child, you must provide documentation of your status from your Suffolk County Department of Social Services (DSS) foster care caseworker on their Agency letterhead, and the foster care caseworker must also sign page 3 of the Summer Youth Work Experience Application.
4. W-4 Form must be completed and **signed**; it must be printed neatly, without white out and with the **name as it appears** on Social Security card.
5. Two "Applicant/Participant Memoranda of Understanding" are included. Please read, sign both, and keep the second (page 10) for your records.
6. All applicants must have a Social Security card and a **copy** must be submitted with the application.
7. All applicants who will be under the age of 18 as of July 5, 2017 must submit their **original** Student Employment Certificate (working card).
8. Applicants who will be age 18 on July 5, 2017 must submit a **copy** of a photo I.D.
9. All applicants claiming U.S. Citizenship must submit a **copy** of their Birth Certificate with the application. All applicants who are not citizens must submit a copy of their Alien ID card (both sides).
10. All male applicants age 18, or who will turn 18 prior to August 18, 2017, must document their Selective Service Registration. You can register or receive verification online at [www.sss.gov/](http://www.sss.gov/).
11. Send application to Suffolk County Department of Labor, Licensing and Consumer Affairs Youth Programs, P.O. Box 6100, Hauppauge, New York 11788-0099.

Please Note: All applications must be reviewed and certified as eligible by the Suffolk County Department of Labor, Licensing and Consumer Affairs.

**REMEMBER - SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE A JOB.** THE SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING AND CONSUMER AFFAIRS WILL AUTHORIZE THOSE INDIVIDUALS WHO HAVE BEEN SELECTED FOR PARTICIPATION. Selected youth will be notified by their worksite as to when and where to report.

A proud partner of the  American Job Center network

DOL-S161 (3/03)

Auxiliary aids and services available upon request to individuals with disabilities.  
An Equal Opportunity Employer Program

**Frank Nardelli**  
Commissioner

**Steven Bellone**  
Suffolk County Executive

**James DiLiberto**  
Workforce Development Board Chair

**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING AND CONSUMER AFFAIRS  
SUMMER YOUTH WORK EXPERIENCE PROGRAM 2017**

[www.co.suffolk.ny.us/labor](http://www.co.suffolk.ny.us/labor)

A proud partner of the  network

The Suffolk County Department of Labor, Licensing and Consumer Affairs has funding from the Temporary Assistance to Needy Families (TANF) program to run a summer work experience program. This program gives young people the chance to work and earn money. Wages for in-school youth do not affect public assistance grants.

To apply for the TANF Work Experience Program you must complete the following application package and meet the eligibility requirements of the program.

1. ____/____/____ TODAY'S DATE	2. ____/____/____ BIRTHDATE	3. ____ AGE	4. ____/____/____ SOCIAL SECURITY NUMBER												
5. _____ LAST NAME	6. _____ FIRST NAME	7. ____ MI	8. ____ SEX												
9. _____ STREET ADDRESS															
10. _____ TOWN	11. ____ STATE	12. _____-____ ZIP CODE													
13. _____ MAILING ADDRESS, <i>if different</i>			14. RACE/ETHNIC (CIRCLE ONE)												
15. (____) ____-____ AREA CODE TELEPHONE #	16. (____) ____-____ ALTERNATE TELEPHONE (FAMILY MEMBER)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>WHITE</td><td align="center">1</td></tr> <tr><td>BLACK</td><td align="center">2</td></tr> <tr><td>HISPANIC</td><td align="center">3</td></tr> <tr><td>AMERICAN INDIAN/ ALASKAN NATIONAL</td><td align="center">4</td></tr> <tr><td>ASIAN/PACIFIC IS.</td><td align="center">5</td></tr> <tr><td>OTHER</td><td align="center">6</td></tr> </table>	WHITE	1	BLACK	2	HISPANIC	3	AMERICAN INDIAN/ ALASKAN NATIONAL	4	ASIAN/PACIFIC IS.	5	OTHER	6
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ASIAN/PACIFIC IS.	5														
OTHER	6														
E-MAIL ADDRESS _____															

**17. Are you:**

A youth at least 14 years old and under the age of 21?  YES  NO

If **YES**, then proceed to complete the application, you may be eligible for the TANF Summer Youth Work Experience Program.

If **NO** – you are not eligible for this program.

<p>1) Do you have a High School Diploma or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2) Please identify any disabilities you may Have below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Deaf</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Blind</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Extremities</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Learning</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Internal</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Multiple</td><td align="center"><input type="checkbox"/></td></tr> </table> <p>3) Highest Grade Completed as of June 2017 _____</p> <p>4) Limited English <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5) Do you receive Family Assistance (TANF)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Deaf	<input type="checkbox"/>	Blind	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Internal	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	<p><b>In order to be eligible you MUST be within the following income guidelines.</b></p> <p align="center"><u>TANF Income Standards</u></p> <p align="center">Receive free/reduced school lunch <b>or</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center">Family Size</th> <th align="center">Monthly Income</th> <th align="center">Annual Income</th> </tr> </thead> <tbody> <tr><td align="center">1</td><td align="center">\$2,010</td><td align="center">\$24,120</td></tr> <tr><td align="center">2</td><td align="center">\$2,707</td><td align="center">\$32,480</td></tr> <tr><td align="center">3</td><td align="center">\$3,403</td><td align="center">\$40,840</td></tr> <tr><td align="center">4</td><td align="center">\$4,100</td><td align="center">\$49,200</td></tr> <tr><td align="center">5</td><td align="center">\$4,797</td><td align="center">\$57,560</td></tr> <tr><td align="center">6</td><td align="center">\$5,493</td><td align="center">\$65,920</td></tr> </tbody> </table> <p>For family units with more than six members, add \$697 monthly or \$8,360 annually for each additional family member.</p>	Family Size	Monthly Income	Annual Income	1	\$2,010	\$24,120	2	\$2,707	\$32,480	3	\$3,403	\$40,840	4	\$4,100	\$49,200	5	\$4,797	\$57,560	6	\$5,493	\$65,920
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**Citizen/Non-Citizen Status**

A. Are you a United States citizen?     YES     NO    If not, please complete the following information:

INS Form Number: \_\_\_\_\_  
 Alien Number: \_\_\_\_\_  
 Date of Entry into United States: \_\_\_\_\_

**Income of Family Members**

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

FAMILY ASSISTANCE SAFETY NET	MEDICAID	SNAP/FOOD STAMPS	HEAP	SSI

B. Tell us about any Income of your family members

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, legal guardian, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc., received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

**FAMILY SIZE AND INCOME**

FAMILY HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	INCOME SOURCE WAGES, SOCIAL SECURITY, ETC.	RECEIVED CHECK ONE		
			Yearly	Monthly	Weekly

**APPLICANT NOTIFICATION AND SIGNATURE**

The individual signing this application may be asked to prove any or all your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

**By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

## SCDOLLCA SUMMER WORK EXPERIENCE PROGRAM

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CURRENTLY ATTENDING SCHOOL FULL TIME YES  NO  SEQUENCE/MAJOR COURSE OF STUDY \_\_\_\_\_

VOCATIONAL TRAINING COURSES \_\_\_\_\_

The Barriers to Employment listed below are factors that can make an applicant eligible according to the criteria set by New York State. Please check any that apply to you that you would like us to consider in reviewing your application.

**BARRIERS TO EMPLOYMENT:  
CHECK THOSE WHICH APPLY**

- PREGNANT/PARENTING
- RUN-AWAY/HOMELESS
- YOUTH OFFENDER
- LIMITED ENGLISH ABILITY
- SUBSTANCE ABUSER
- HIGH SCHOOL DROPOUT - HIGHEST GRADE COMPLETED \_\_\_\_\_
- YOUTH NEEDS ADDITIONAL ASSISTANCE

**SPECIFIC NEEDS TO OVERCOME BARRIERS:  
CHECK THOSE WHICH APPLY**

- CHILDCARE
- FAMILY COUNSELING
- TRANSPORTATION
- ESL TRAINING
- SUBSTANCE ABUSE COUNSELING
- GED TRAINING
- HEALTH CARE
- HOUSING
- BASIC SKILLS ED.

**GUIDE FOR OCCUPATIONAL EXPLORATION  
CHECK AREAS OF INTEREST**

- ARTISTIC
- SCIENTIFIC
- PLANTS/ANIMALS
- SERVICE TO OTHERS
- PHYSICAL ACTIVITY
- OTHER \_\_\_\_\_
- MECHANICAL
- INDUSTRIAL
- SELLING

**WHAT ARE YOUR PLANS FOR SEPTEMBER 2017?**

- A. ATTEND SCHOOL/COLLEGE       B. ATTEND VOCATIONAL SCHOOL       C. LOOK FOR WORK

**PRIOR WORK HISTORY: (NOTE ADDITIONAL WORK HISTORY ON BACK OF THIS PAGE)**

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

TASKS PERFORMED: \_\_\_\_\_

**PRIOR TANF/WIA TRAINING/WORK EXPERIENCE:**

ACTIVITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TASKS PERFORMED: \_\_\_\_\_

**APPLICANT TO COMPLETE:**

WRITE A SHORT PARAGRAPH OUTLINING ANY INFORMAL WORK EXPERIENCE YOU MAY HAVE HAD SUCH AS BABY-SITTING, YARD WORK, ETC.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  X    
APPLICANT'S SIGNATURE

\_\_\_\_\_  
COUNSELOR'S SIGNATURE



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



SUFFOLK COUNTY
ONE-STOP EMPLOYMENT CENTER

Suffolk County Department of Labor, Licensing & Consumer Affairs

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Phone # (631) 853-6600

NEW YORK STATE RETIREMENT SYSTEM OPTION

The New York State Retirement and Social Security Law provides that participants enrolled on a part-time or temporary basis in a Work Experience component where a wage is earned are eligible to join the Retirement System. Since you are a Work Experience participant in a Suffolk County Youth Program, you are hereby given the option to join the New York State Retirement System.

Please be advised that if you decide to join the New York State Retirement System, you will be required to contribute 3% of your wages to the Retirement System which will be subtracted from your salary. If you subsequently withdraw from the Retirement System, you may also withdraw your contributions without waiting until age 62 as long as you have not vested or become eligible for any other benefit from the Retirement System.

ACKNOWLEDGMENT

I hereby acknowledge that I have been informed of my rights as an optional member of the New York State Retirement System.

I choose not to join the Retirement System.

I choose to participate in the Retirement System.

Participant Signature

Participant Social Security #

SCDOL Representative

Date

[ ] Approved

[ ] Not Approved

Administrative Review

DOL-S155 (rev. 1/15)

Auxiliary aids and services available upon request to individuals with disabilities.
An Equal Opportunity Employer Program

Frank Nardelli
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Suffolk County Executive

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Workforce Development Board Chair



**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS**  
**APPLICANT/PARTICIPANT MEMORANDUM OF UNDERSTANDING**

The following information will provide you with an overview of the services and programs administered by the Suffolk County Department of Labor, Licensing & Consumer Affairs (SCDOLLCA) for which you may be eligible. In addition, this Memorandum serves to advise you that you have certain rights and certain responsibilities as an applicant and participant.

1. **EMPLOYMENT AND TRAINING PROGRAMS**

A. The purpose of programs administered by the SCDOLLCA is to provide services and activities that increase the employment, retention, and earnings of participants, as well as increase their occupational skill level.

B. 1. Programs Include:

Adult, Dislocated Worker and Youth Programs  
Displaced Homemaker Program  
Public Assistance Programs

2. Services and activities include:

Outreach Orientation to the One-Stop System Use of the Employment Center Skills assessment Supportive service assessment Information regarding filing claims for unemployment Job vacancy listings and job banks Computers, Internet access, and phone banks Job search and placement assistance	Career Counseling Labor Market Information Career Transition Workshops Job Search Workshops On-the-Job Training Education and Training when appropriate and suitable Employer Open Houses and Job Fairs Information on community services Follow-up services
--	--

*In addition to the above, youth services also include:*

Dropout Prevention Strategies Alternative Schools Summer Employment Opportunities Occupational Skill Training	Leadership Development Opportunities Supportive Services Adult Mentoring Comprehensive Guidance and Counseling As appropriate, paid & unpaid work experience including: internships & job shadowing
--	---

C. You agree to fully comply with the program standards and procedures which govern that activity.

D. You agree to follow the plan developed by you and SCDOLLCA staff.

E. You must agree to seek employment at the conclusion of the program. If you received education and/or training you must seek training related employment at the conclusion of the program.

F. You agree to cooperate with all post-program follow-up efforts conducted by our staff counselors.

2. **UNEMPLOYMENT INSURANCE INFORMATION:** If you are laid-off or fired from a wage paying job, you may be eligible for Unemployment Insurance Benefits. You must apply to the New York State Department of Labor to find out if you qualify.

3. **CHARGING OF FEES:** There is no charge to you for any of the services sponsored by the SCDOLLCA. Should any person attempt to charge you money or request any kind of favor from you, report that person to the SCDOLLCA at (631) 853-6623.

4. **LIMITATIONS ON POLITICAL ACTIVITY:** Participants may neither be involved in political activities during the hours for which they are paid with federal or state funds, nor may they act as a spokesperson for SCDOLLCA Programs at political activities.

5. **LIMITATIONS ON WORK AT RELIGIOUS OR SECTARIAN FACILITIES:** As part of their SCDOLLCA funded activity, participants may not be employed or involved in the construction, operation or maintenance of any portion of any facility used or to be used for sectarian instruction or as a place of religious worship.
6. **DISCRIMINATION COMPLAINT PROCEDURES:** No individual will be excluded from participation in, denied the benefits of, subjected to discrimination, or denied employment in connection with any programs because of race, color, religion, sex, national origin, age, disability, political affiliation or belief or your status as a participant in SCDOLLCA programs. Participation in SCDOLLCA programs and activities shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States. An individual has the right to file at the local, state and federal levels. All complaints of discrimination based on the preceding should be filed within 180 days of the occurrence directly with the Suffolk County Department of Labor, Licensing & Consumer Affairs Equal Opportunity Officer by phoning (631) 853-6623 or in writing to Suffolk County Department of Labor, Licensing & Consumer Affairs, P.O. Box 6100, Hauppauge, NY 11788. An individual will be offered the choice of resolving the complaint through the customer discrimination complaint procedure or an Alternative Dispute Resolution through Mediation Process.

A complainant may file a written complaint at:

the state level directly with:

Director  
 Division of Equal Opportunity Development  
 New York State Department of Labor  
 State Office Building Campus  
 Building 12, Room 540  
 Albany, New York 12240

or at the federal level directly with:

Director  
 Civil Rights Center  
 United States Department of Labor  
 200 Constitution Avenue NW  
 Room N4123  
 Washington, DC 20210

7. **COMPLAINTS OF CRIMINAL ACTIVITY:** All information and complaints involving fraud, abuse, or other criminal activity shall be reported directly to:

Office of Inspector General  
 United States Department of Labor  
 Room S-5506  
 200 Constitution Avenue, N.W.  
 Washington, D.C. 20210  
 The telephone hotline number is 1-800-347-3756

8. **ALL OTHER COMPLAINTS:** Complaints regarding disciplinary action, working conditions, payment of wages or other training related matters should be directed to the SCDOLLCA EO Officer at (631) 853-6623. All non-criminal complaints must be made within one (1) year of the alleged occurrence.  
**Note:** If necessary, SCDOLLCA will provide assistance to understand and participate in any complaint process to individuals with special needs (e.g. hearing impaired, Spanish speaking, etc.).
9. **CUSTOMER SATISFACTION:** The Suffolk County Department of Labor, Licensing & Consumer Affairs is committed to achieving superior standards in the areas of Customer Waiting Intervals, Services Provided, and Quality of Service. Accordingly, you will be surveyed, by phone or mail, and asked to provide comments regarding your experiences with us. Your responses will be used to help us measure our levels of success and to maintain and improve services to our customers.
10. **PUBLIC INFORMATION:** In an effort to inform the general public of the efforts and success of the Suffolk County Department of Labor, Licensing & Consumer Affairs Programs, you may, in the course of your activities with us, be asked to have your photograph taken. By checking yes, you grant the Suffolk County Department of Labor, Licensing & Consumer Affairs permission to use your experience and photograph for promotional purposes. Yes \_\_\_\_ No \_\_\_\_
11. **ACKNOWLEDGEMENT:** My signature acknowledges that I have received a copy of this Memorandum of Understanding, understand the information provided, and agree to comply with program requirements in order to continue receiving services.

**DATE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Auxiliary aids and services available upon request to individuals with disabilities. Equal Opportunity Employer Program