GADSDEN COUNTY 2024 SUMMER YOUTH JOB PROGRAM

Gadsden County announces its Summer Youth Job Program! For six (6) weeks, Gadsden County youth between the ages of 14 and 19 will have employment opportunities that provide them with on-the-job training that will help them prepare for the future. With support from local government and businesses, our Gadsden youth can transform their lives and start to develop career dreams!

HOURS AND EARNINGS

The youth selected will work for 6 weeks for up to 20 hours per week earning \$12.00 per hour.

PROGRAM START DATE

The program begins Monday, June 24, 2024, and ends Friday, August 2, 2024. Please note: A <u>mandatory 1-day orientation</u> will take place on Friday, June 21, 2024.

HOW TO APPLY

Applications will be accepted beginning Monday, April 15, 2024 - Friday, May 3, 2024.

YOUTH JOB SEEKERS CAN APPLY BY FINDING AN APPLICATION AT:

- gadsdencountysummeryouthjobprogram web page.
- Gadsden County libraries (Quincy, Havana, or Chattahoochee).
- Gadsden County High Schools and Middle Schools.
- Edward Butler Governmental Complex Building 9B East Jefferson Street, Quincy.
- Human Resources 221 N. Madison St., Quincy.
- CareerSource Capital Region 1140 W. Clark St., Quincy.

QUALIFICATIONS TO PARTICIPATE IN THE PROGRAM:

- □ Must be a verified Gadsden County Resident.
- □ Must be between 14 and 19 on the program start date.
- □ Acceptable school attendance and school conduct.
- □ 2.0 or higher Grade Point Average (GPA).

APPLICATION CHECK LIST:

- □ 2024 Completed Application
- Most recent report card for the 2023-2024 school year that includes grades, attendance, and conduct. (Progress reports will not be accepted in place of report cards.)
- □ Signed letter of recommendation from teacher or school administrator

APPLICATIONS WILL ONLY BE ACCEPTED IF SUBMITTED BY **MAY 3, 2024**, AND MUST BE SUBMITTED TO:

Gadsden County Board of County Commissioners 9-B East Jefferson Street, Security Desk **or** 221 N. Madison Street, Human Resources Quincy, Florida 32351 or

E-mailed to: <u>HR@gadsdencountyfl.gov</u>

For more information, please visit the County's website at: <u>www.gadsdencountyfl.gov</u> or contact Human Resources at (850) 627-4054 or Summer Youth Program Coordinator at (850) 491-6961.

2024 Summer Youth Job Program

Employment Application

		Pers	sonal	Information
Full Name:				Date:
	Last	First	•	М.І.
Address:	Street Address			Apartment/Unit #
	Sileel Address			Араннын они т
	City			State ZIP Code
Phone:				Email
Current Age	»:	DOB:		Graduation Year/Grade Level:
Name of Pa Guardian ar	rent nd Contact Number:			
		Citizer	nship	Authorization
				States citizens and lawfully authorized alien workers. If of citizenship or authorization to work in the U.S. before you
Are you a ci	tizen of the United States?	YES	NO □	YES NO If no, are you authorized to work in the U.S.? \Box
	<mark>lf no, do</mark>	you posse	ess an l	-151, an I-1551, or an I-94 card stamped "Employment Authorized"
Are you a G	adsden County Resident?	YES	NO □	If yes, card number?
Cha Cha Gre Gre Hav	vana Iway incy			(e.g. St. John, Sycamore, Sawdust, Friendship, St.
	pron)			, ,

*This program is available to Gadsden County Youth Only.

Education					
Elementary:		Address:			
From:	То:		YES	NO	Diploma:
Middle School:		Address:			
From:	То:	_ Did you graduate?	YES	NO □	Diploma:
High School:		Address:_			
From:	То:	_ Did you graduate?	YES	NO □	Diploma:
		Current or Previo	us Wo	ork His	story
Company:					Phone:
Address:					O man is an
Job Title:		Starting Sa	lary: \$		Ending Salary: \$
Responsibiliti	es:				
From:	To:		Reaso	n for Le	aving:
May we conta	act your previous supervi	sor for a reference?	YES		

Work Skills

- □ Word Processing Spreadsheets, Databases
- □ Camp/Group Leader
- □ Customer Service: Answering/routing calls, Copying, Filing, etc.
- □ Mechanics
- □ Custodial
- □ Cashier/Money Handling
- □ Other_

Specific Software Knowledge: 1.

- 2.
- ∠. 3.
- 4.

Other Skilled Areas (List any other relevant skills) 1.

- 2.
- 3. 4.

3

Areas of Interest/Hobbies		
Please list below your interest and/or hobbies:		
1		
2		
3		
What are your future career goals?		

Disclaimer and Signature CERTIFICATE OF APPLICANT

I hereby certify that all statements made in this application and any attachments are true. I understand that any misstatement, misrepresentation, or omission of fact may cause my application not to be considered which is cause for immediate disqualification. I authorize the Human Resources Office of the Gadsden County BOCC to verify any information contained in this application and its attachments. I further authorize anyone having such information to release it. If I am selected, I understand that I will be a participant in the Gadsden County Summer Youth Job Program and not an employee of Gadsden County.

- □ Checking this box indicates that you have read and agree to the *Certificate of Applicant* statement above.
- □ Checking this box indicates that you understand you will have to attend a mandatory orientation on June 21, 2024.

□ Checking this box indicates your application is complete (recent report card, proof of residency and letter of recommendation) and you understand that an incomplete application will not be reviewed for participation in this program.

STOP!! – Make sure you read and check the boxes above. Unchecked boxes indicate an incomplete application.

Signature:

Date:

PROOF OF RESIDENCY

It is required that a parent/guardian verify that a youth's address is within the County of Gadsden, Florida, prior to submitting an application to participate in the Summer Youth Job Program. This form must be submitted along with two proofs of residency and the employment application. Acceptable documents are two of the following listed below:

- Government Issued Photo ID such as a Driver's License or ID Card.
- Utility Bill showing parent/guardian's name.
- Residential Lease or Proof of Property ownership showing parent/guardian's name.

Please complete the information below:

Youth Information

Youth's Full Name	
Physical Street Address	
including City and Zip	
Code	
Contact Phone Number	
Current Grade Level	

Parent/Guardian Information

Parent/Guardian Name	
Relationship to Youth	
Contact Phone Number	

By signing below, I acknowledge that the information provided above is true and correct.

Signature of Student

Date

Signature of Parent/Guardian

Date