



ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)

The Escambia County Summer Youth Employment Program (SYEP) is sponsored by the Escambia County Board of County Commissioners and will be administered by the Department of Neighborhood & Human Services. Youth between the ages of 16-24 who reside in Escambia County, Florida will have the opportunity to work in various county departments in a variety of job positions for a term of up to 9 weeks during the summer months. Program participants may work up to a maximum of 30 hours per week and will be paid the current state minimum wage rate of \$8.46 per hour.

Please review the entire application packet thoroughly, complete all forms and submit all required information.

Please submit completed application packet:

Deadline: Friday, March 8, 2019 by 3 p.m.

**Location: Escambia County Neighborhood & Human Services Department
221 S. Palafox Place, Pensacola, FL, 4th Floor Reception Desk**

READ CAREFULLY

NOTE: Incomplete application packets will not be considered.

For program inquiries or for additional information, call 850-595-0457.



ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)

PROGRAM REQUIREMENTS

Eligible applicants who will be offered a position with the Escambia County Summer Youth Employment Program will be determined through a selection process. A limited number of participants will be selected to ensure maximum supervision levels.

- 1. Must submit complete application packet, including all required supporting documentation, by the application deadline.**
2. Must be a resident of Escambia County, Florida at the time of application and for the duration of program participation.
3. Must complete up-front job readiness preparatory training classes.
4. Must complete post-employment debriefing sessions.
5. Must not have any felony convictions.
6. If enrolled in school, must submit enrollment verification.
7. Must be between the age of 16 and 24 at the time of enrollment.
8. Must show proof of identify (Examples: State issued driver's license/state ID card/current school photo ID).
9. Must show proof of address.
10. If under the age of 18, parental consent must be given to participate in the program.
11. Must meet hiring criteria of the temporary employment agency.

Incomplete application packets and application packets submitted after the deadline will not be considered.



ABOUT THE ESCAMBIA COUNTY YOUTH EMPLOYMENT PROGRAM

Youth between the ages of 16 and 24 who reside in Escambia County, FL and desire to participate in the ESCAMBIA COUNTY Youth Employment Program will be provided an opportunity to gain meaningful work experiences designed to assist with preparation for today's workforce. The overall intent of the program is to promote career development while providing on the job paid work experiences.

It is felt that providing resourceful tools for the work industry at this early age will impress upon the minds of the youth that work is good, necessary and will provide financial sustainability not only for themselves and their families but will contribute to the economic growth and well-being of their community.

Program participants may work up to 30 hours per week and will be paid the then current state minimum wage rate of \$8.46/hour.

APPLICATION INSTRUCTIONS

Please complete all items listed below and submit them with the application packet.

APPLICATION PACKET CHECKLIST

1. Application

- Completed Part A
- Completed Part B (Parental signature required if under 18 years old)

2. Waiver form

- Signed and notarized Waiver and Release of Liability with parent or guardian signature (if under 18)

OR

- Signed and Notarized Waiver and Release of Liability (18 years and older)

3. Program policies

- Signed Policies Form with parent or guardian signature (if under 18)

OR

- Signed Policies Form (18 years and older)

4. Program requirements

- School enrollment verification, if applicable
- Proof of identity (state issued driver's license, state ID card or current school photo ID)
- Proof of current living address (school enrollment, ID, etc.)



ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) APPLICATION – PART A

Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application may result in the application being denied. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ENROLLMENT INTO THE PROGRAM. PROGRAM PARTICIPANTS MUST RESIDE IN ESCAMBIA COUNTY, FLORIDA FOR THE TERM OF PARTICIPATION.

APPLICANT INFORMATION

Last name _____ First name _____ Middle name _____

Address _____ Zip code _____
(no P.O. boxes)

Home phone number _____ Cell phone number _____

Email _____ Date of birth _____ Gender Male Female

Last 4 digits of Social Security Number _____

Ethnicity (optional – check one) White (non-Hispanic) Hispanic/Latino Black/African-American
 Native American Asian/Pacific Islander Other (please list) _____

EMERGENCY CONTACT INFORMATION

Parent/guardian's full name _____ Phone number _____

Parent/guardian's full name _____ Phone number _____

Alternate emergency contact person _____ Phone number _____

EDUCATION INFORMATION (Current status only)

School	Name	Currently enrolled (Y/N)	Graduated (Y/N)
High school/GED			
Home schooled			
Vocational/technical			
College			

If you graduated from vocational/technical school, what was your area of study? _____

If you graduated from college, what was your area of study? _____

How did you find out about this program? Radio Website School Other _____

Do you have a valid driver's license? Yes No

Do you have access to reliable transportation? Yes No

Do you need assistance for transportation? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please list offense _____

Are you currently on probation? Yes No

If yes, please list probation officer _____

APPLICATION – PART B

Please check the top three areas of interest:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Recreation | <input type="checkbox"/> Conservation |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Animal Care | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Inventory | <input type="checkbox"/> Judicial Services | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Library | | <input type="checkbox"/> Maintenance | |

CURRENT/PAST EMPLOYMENT

1. Employer/company name _____

Address _____ City _____ State _____

Start date _____ End date _____ Hours per week _____ Job title _____

Job duties _____

Reason for leaving _____

2. Employer/company name _____

Address _____ City _____ State _____

Start date _____ End date _____ Hours per week _____ Job title _____

Job duties _____

Reason for leaving _____

SIGNATURES

I, the undersigned, certify that all information on this form is true and correct. I understand that this information is subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program.

Applicant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

Parent/guardian's signature _____ Date _____



**ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)
WAIVER AND RELEASE OF LIABILITY**

(ADULT – 18 YEARS AND OLDER)

PARTICIPANT (please print)

Last name _____ **First name** _____

Age ____ **Date of birth** _____ **Last 4 digits of Social Security Number** _____

Mailing address _____ **City** _____ **State** ____ **Zip** _____

Phone number _____ **Email** _____

EMERGENCY CONTACT (please print)

Last name _____ **First name** _____

Relationship _____ **Phone number** _____

I, a SYEP Participant, my heirs and my assigns, do hereby waive, release, and forever discharge any and all actions, liabilities, and claims I may have against Escambia County, its officers, employees, agents, and volunteers, for any injury, loss, or damage to persons or property arising out of or in connection with my participation in the Escambia County Summer Youth Employment Program (“Program”), whether arising from the negligence of Escambia County or otherwise, to the fullest extent permitted by law. Escambia County assumes no liability for injury or damages arising from my participation in the Program.

I shall indemnify, defend, and hold harmless Escambia County, its officers, employees, agents, and volunteers, from all actions, liabilities, and claims for injury, loss, or damage to persons or property that may be asserted by any person, firm, or entity arising out of or in connection with my participation in the Program, whether arising from any negligence on the part of Escambia County or otherwise, to the fullest extent permitted by law.

Furthermore, I authorize any medical personnel to administer emergency medical care and/or treatment to me when necessary and accept full responsibility for any costs relating to such care and/or treatment.

Photo Release: I hereby authorize Escambia County to use any photograph or likeness of me obtained while participating in the Program for promotional purposes without compensation.

By signing below, I acknowledge that I have read and understand this Waiver and Release of Liability and that I agree to its terms.

Participant’s signature _____ **Date** _____

STATE OF FLORIDA

COUNTY OF ESCAMBIA

BEFORE ME, the undersigned, personally appeared _____ (SYEP Participant), () who is personally known to me or () who produced _____ as identification, who executed the foregoing and states under penalties of perjury that s/he declares that s/he has read the foregoing and that it is true and correct.

WITNESS my hand and official seal this ____ day of _____, 20____.

[NOTARY SEAL]

NOTARY PUBLIC

Notary printed name



**ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)
WAIVER AND RELEASE OF LIABILITY**

(MINOR – UNDER 18 YEARS OLD)

PARTICIPANT (please print)

Last name _____ **First name** _____

Age ____ **Date of birth** _____ **Last 4 digits of Social Security Number** _____

Mailing address _____ **City** _____ **State** ____ **Zip** _____

Phone number _____ **Email** _____

PARENT/GUARDIAN (please print)

Last name _____ **First name** _____ **Last 4 of SSN** _____

Mailing address _____ **City** _____ **State** ____ **Zip** _____

Phone number _____ **Email** _____

EMERGENCY CONTACT (please print)

Last name _____ **First name** _____

Relationship _____ **Phone number** _____

I, on behalf of myself and my child/ward (“Participant”), our heirs and assigns, do hereby waive, release, and forever discharge any and all actions, liabilities, and claims we may have against Escambia County, its officers, employees, agents, and volunteers, for any injury, loss, or damage to persons or property arising out of or in connection with Participant’s participation in the Escambia County Summer Youth Employment Program (“Program”), whether arising from the negligence of Escambia County or otherwise, to the fullest extent permitted by law. Escambia County assumes no liability for injury or damages arising from Participant’s participation in the Program.

I, on behalf of myself and Participant, shall indemnify, defend, and hold harmless Escambia County, its officers, employees, agents, and volunteers, from all actions, liabilities, and claims for injury, loss, or damage to persons or property that may be asserted by any person, firm, or entity arising out of or in connection with Participant’s participation in the Program, whether arising from any negligence on the part of Escambia County or otherwise, to the fullest extent permitted by law.

Furthermore, I authorize any medical personnel to administer emergency medical care and/or treatment to Participant when necessary and accept full responsibility for any costs relating to such care and/or treatment.

Photo Release: I, on behalf of myself and Participant, hereby authorize Escambia County to use any photograph or likeness of Participant obtained while participating in the Program for promotional purposes without compensation.

By signing below, I acknowledge that I have read and understand this Waiver and Release of Liability and that I agree to its terms.

Parent/guardian signature _____ **Date** _____

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**ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)
WAIVER AND RELEASE OF LIABILITY**

(MINOR – UNDER 18 YEARS OLD)

(CONTINUED)

STATE OF FLORIDA

COUNTY OF ESCAMBIA

BEFORE ME, the undersigned, personally appeared _____ (SYEP Participant), () who is personally known to me or () who produced _____ as identification, who executed the foregoing and states under penalties of perjury that s/he declares that s/he has read the foregoing and that it is true and correct.

WITNESS my hand and official seal this ____ day of _____, 20 ____.

[NOTARY SEAL]

NOTARY PUBLIC

Notary printed name



ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) PROGRAM POLICIES

1. If participant is currently in school, must submit current documentation of enrollment.
2. Participant must reside in Escambia County, Florida for the duration of program participation.
3. Participant must pass a drug screening required by the temporary employment agency and work site, if applicable.
4. Participant must pass a criminal background check as set by the temporary employment agency and work site.
5. Participant must abide by all rules, regulations and guidelines of the program, temporary employment agency and work site.
6. Participant must abide by all rules and guidelines regarding workplace safety and confidentiality.
7. Participant must conduct himself/herself in a professional and respectful manner, at all times, while participating in the program. No abuse of any kind (verbal or physical), disrespectful/disruptive behaviors, harassment of any type, unauthorized use of tools or equipment and unauthorized leave will not be tolerated and will be grounds for termination.
8. Possessing, using, or being under the influence of drugs, alcohol or any hallucinogenic is strictly prohibited and will result in termination and is subject to criminal action.
9. The possession or use of a weapon of any type or explosive materials/devices is prohibited while at the work site and will result in termination and is subject to criminal action.
10. Participants must report to work and leave work at assigned times. Unauthorized absenteeism and excessive unexcused tardiness (more than three times) may subject the participant to termination from the program.
11. Participants must abide by all rules of the work site, including dress code policy. Good personal hygiene shall be practiced daily and all attire must be neat, clean, appropriate for the workplace, and in good condition.
12. Participants who commit a crime at any time during program enrollment, at the work site or away from the work site, may be subject to termination from the program.
13. Participant must complete the upfront job readiness classes as well as the post-employment debriefing process in their entirety.

I, _____, have read and understand the Escambia County Summer Youth Employment Program (SYEP) policy. I have received a copy of this policy and agree to the terms and conditions. I acknowledge that if I fail to abide by this agreement, I may be terminated from the program.

Program participant signature _____ Date _____

Parent/guardian signature (if participant is under 18) _____ Date _____

Parent/guardian signature (if participant is under 18) _____ Date _____