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. Youths between the ages of 16-24 and who reside in Escambia County, FL will have the opportunity to work in various county departments in a variety of job positions for a term of up to 6 weeks during the summer months. Program participants may work up to a maximum of 30 hours per week.

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

Please submit completed application packet:

Deadline: Friday, May 21, 2021 by 3:00pm.

Location: Escambia County (Neighborhood & Human Services Department)
221 S. Palafox Place, Pensacola, FL, 4th Floor Reception Desk
or
Brownsville Community Center
3200 W Desoto Street, Pensacola, FL 32505

READ CAREFULLY

NOTE: Incomplete application packets will not be considered.

For program inquiries or for additional information, call (850) 595-3596
Clara Long, Director of Neighborhood & Human Services Department

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 (SYEP) will be determined through a lottery selection process. A limited number of participants will be selected to ensure maximum supervision levels.

1. **Must submit complete application packet by prescribed deadline.**
2. Must be a resident of Escambia County, FL 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 years old and 24 years old at the time of enrollment.
8. Must show proof of identify (State issued Driver's License or State ID Card).
9. Must show proof of address.
10. Must meet hiring criteria of the temporary employment agency.
11. Must submit completed application with all supporting required documentation to be considered.

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'S INFORMATION

Last Name | First Name | Middle Name

Living Address (No P.O. Box Numbers) | Zip Code

Home Phone Number | Cell Phone Number | Contact Number

Email Address | Date of Birth | Social Security Number

Ethnicity (Optional) check one:

_____ White (Non-Hispanic)
_____ Hispanic/Latino
_____ Native American
_____ Black/African-American
_____ Asian/Pacific Islander
_____ Other (Please list) _____

Gender (Check One) Male Female

EMERGENCY FAMILY CONTACT INFORMATION

Parent/Guardian's Full Name | Phone Number | Email Address

Parent/Guardian's Full Name | Phone Number | Email Address

Alternate Emergency Contact Person | Phone Number | Email Address

EDUCATION INFORMATION (Current Status Only)

SCHOOL	NAME	Currently enrolled Y/N	Grade/Year	Graduated Y/N
High School/GED				
Home Schooled				
Vocational/Technical				
College				

If graduated from Vocational/Technical School, what is your area of study? _____

If graduated from College, what is your area of study? _____

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

Please complete all questions below.

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 name of Probation Officer _____

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

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's Name: _____ Date: _____

Please check the top three (3) areas of interest:

Customer Service _____
Landscaping _____
Clerical _____
Library _____
Conservation _____
Public Safety _____
Engineering _____
Other, please list: _____

Information Technology _____
Warehouse _____
Maintenance _____
Call Center _____
Recreation _____
Animal Care _____

Legal_____
Construction ____
Neighborhood Services _____
Law Enforcement___
Planning & Zoning __

Judical Services _____
Administration _____
Social Services _____
Communication_____

CURRENT/PAST EMPLOYMENT

1. Employer/Company Name _____

Address _____ City _____ State _____

Began date _____ End date _____ Hours per week _____ Job Title _____

Job Duties _____

_____

Reason for Leaving _____

2. Employer/Company Name _____

Address _____ City _____ State _____

Began date _____ End date _____ Hours per week _____ Job Title _____

Job Duties _____

_____

Reason for Leaving _____

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

(16 yrs and older)

PARTICIPANT (*please print*):

NAME (*Last*)	(*First*)	AGE	BIRTH DATE	LAST 4 of SSN

MAILING ADDRESS	CITY	STATE	ZIP

PHONE	EMAIL ADDRESS

EMERGENCY CONTACT (*please print*):

NAME (First and Last Name)	RELATIONSHIP	PHONE

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

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, FL 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. If 18 years of age or older, 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 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 (3) 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.

_____ _____

Signature (Program Participant) Date