



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, that reside in Escambia County, Florida, that are eligible and selected, will have the opportunity to work in various county departments, in a variety of job positions, for a term of up to 6 to 8 weeks during the summer of 2022. 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, to be considered. You can APPLY ONLINE at www.myescambia.com/summeryouth or Drop off hard copy application at one of the locations below.

Please submit completed applications only.

Application Opening Day: Monday, March 28, 2022

Application Closing Deadline Day: Thursday, April 14, 2022, by 3:00 PM

Turn In/Drop Off Location(s):

**Neighborhood & Human Services Department, 4th Floor
Receptionist Desk at 221 S. Palafox Place, Pensacola, FL**

or

**Brownsville Community Center at 3200 W. Desoto St.,
Pensacola, FL**

READ CAREFULLY

NOTE: Incomplete application packets will not be considered!

**For additional information, contact Mrs. Carla Thompson at 850-595-3123
or 850-572-1938 or Mrs. Clara Long (NHS Director) at 850-595-3596.**



ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)

PROGRAM REQUIREMENTS

Eligible applicants that are offered a position with the Escambia County Summer Youth Employment Program (SYEP), will be determined through a selection process. A limited number of participants will be selected based upon site availability, site needs, and to ensure maximum supervision.

Selected applicants...

- 1. Must submit completed application packet on or between the application's opening and deadline date (March 28 – April 14, 2022).**
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, career readiness preparatory training classes and must apply what they learned.
4. Must complete post-employment debriefing sessions.
5. Must not have any felony convictions.
6. Must be between the age of 16 years old and 24 years old at the time of enrollment.
7. Must show proof of identity.
8. Must show proof of address/residency.
9. Must meet hiring criteria of the temporary employment agency.
- 10. Must attend the Summer Youth Employment Program Closeout Ceremony.**

***NOTE: Selected applicants** will be asked to submit required, supporting documentation during intake/job readiness & career success training, background check processes, etc. (examples: State issued DL or ID, current bill, school enrollment document, etc.).

Incomplete application packets and/or application packets submitted after the deadline, will not 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 INFORMATION

Last name First name Middle name

Address Zip code (no P.O. boxes)

Home phone number Cell phone number

Email Date of birth

Last 4 Digits SSN Gender: Male Female

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)

Table with 4 columns: School, Name, Currently enrolled (Y/N), Graduated (Y/N). Rows include 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 State DL or ID? Yes No

Do you have access to reliable transportation? Yes No

Do you need transportation assistance? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please list the offense _____

Are you currently on probation? Yes No

If yes, please list probation officer's name and contact # _____

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"/> Maint/Facilities | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Construction | | | |

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

(16 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, an Escambia County Summer Youth Employment (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 (SYEP), 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 SYEP.

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 SYEP, 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 SYEP 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.

SYEP Participant's Signature _____ **Date** _____



ESCAMBIA COUNTY SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)

PROGRAM POLICIES

1. If participant is currently in high school, proof of enrollment must be submitted.
2. Participant must reside in Escambia County, Florida, for the duration of program participation.
3. Participant must pass a drug screening test, as set by the temporary employment agency and the 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 him/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 substance, 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 the 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/career success classes, as well as the post-employment debriefing process, and attend the SYEP Closeout Ceremony, 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 its terms and conditions. I acknowledge that if I fail to abide by this agreement, I may be terminated from the program.

SYEP Participant's Signature _____ Date _____