



ESCAMBIA COUNTY YOUTH EMPLOYMENT PROGRAM (ECYEP)

The ESCAMBIA COUNTY Youth Employment Program (ECYEP) 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 16-20 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 9 weeks during the summer months. Program participants may work up to a maximum of 20 hours per week and will be paid the current state minimum wage rate of \$8.10 per hour. Households must meet the minimum income criteria as a condition of eligibility along with other qualifying factors.

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

Please submit completed application packet:

Deadline: Monday, May 22, 2017 by 3:00PM.

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

NOTE: Incomplete application packets will not be considered.
Application packets submitted after the deadline will not be considered.

Once your application is submitted you will not be able to make any additions or corrections.

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



ESCAMBIA COUNTY YOUTH EMPLOYMENT PROGRAM (ECYEP)

PROGRAM REQUIREMENTS

Eligible applicants who will be offered a position with the Escambia County Youth Employment Program (ECYEP) 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. **NOTE: If the application packet is incomplete or submitted after the deadline, you will not be considered for program participation.**
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 20 years old at the time of enrollment.
8. Must show proof of identify (State-issued Driver's License or State ID Card).
9. Total household income must meet 2017 200% poverty level guidelines.
10. Must show proof of address.
11. Must show proof of household income for all family members:
 - Check stubs (past three (3) months)
 - Retirement check (past (3) month)
 - Social Security Award Letter
 - VA Pension Benefit Statement
 - Unemployment Compensation Award Letter
 - Annuity Statement
 - TANF Award Statement
 - Self-employment documentation (2016 Tax Return)
12. If under the age of 18 years old, must have parental consent to participate in the program.

Approved as to form and legal
sufficiency.

By/Title: B. Edwards ACA
Date: 05/02/17



ESCAMBIA COUNTY YOUTH EMPLOYMENT PROGRAM (ECYEP)

APPLICATION INSTRUCTIONS

Youths between the ages of 16-20yrs. old who reside in Escambia County, FL and desire to participate in the ESCAMBIA COUNTY Youth Employment Program (ECYEP) 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 and 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 a maximum of 20 hours per week and will be paid the then current State minimum wage rate (\$8.10).

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

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

APPLICATION PACKET CHECK LIST:

1. Application

- ☐ Completed Part A
- ☐ Completed Part B
- ☐ Completed Part C

2. Consent and Waiver Form

- ☐ Signed Parental Consent & Waiver (Under age 18yrs.)
- OR--
- ☐ Signed Applicant Consent & Waiver (18yrs. and older)

3. Program Policies

- ☐ Signed Policies Form

4. Program Requirements

- ☐ School Enrollment Verification, if applicable
- ☐ Proof of Identify
- ☐ Proof of Address
- ☐ Proof of Household Income

Approved as to form and legal
sufficiency.

By/Title: B. Ellorff AEA
Date: 05/02/17



ESCAMBIA COUNTY YOUTH EMPLOYMENT PROGRAM (ECYEP)

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) _____ Black/African-American
_____ Hispanic/Latino _____ Asian/Pacific Islander
_____ Native American _____ 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? _____

FINANCIAL STATUS

What is the total number of family household members?		What is the total family household's income (gross) for the past 12 month?	\$	
Are you or any family household members receiving public assistance? If yes, what type? (Check all that apply)	Food Assistance <input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) <input type="checkbox"/>	Food Assistance Monthly Amount \$	TANF Monthly Amount \$

Approved as to form and legal sufficiency.

By/Title: B. Eller-16 ACA
Date: 05/02/17



ESCAMBIA COUNTY YOUTH EMPLOYMENT PROGRAM (ECYEP)
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 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 _____

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

Customer Service _____

Information Technology _____

Landscaping _____

Warehouse _____

Clerical _____

Maintenance _____

Library _____

Call Center _____

Conservation _____

Recreation _____

Public Safety _____

Animal Care _____

Engineering _____

Other, please list: _____

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 _____

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



ESCAMBIA COUNTY YOUTH EMPLOYMENT PROGRAM (ECYEP) APPLICATION – PART C

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: _____

Household Financial Information

The total household income must meet 2017 200% poverty level guidelines. Applicants must submit the total household income information as part of the application process and terms of eligibility.

Must show proof of total household income for all family members over the age of 18 yrs.:

- Check stubs (past 60 days)
- Retirement check (60 days)
- Social Security Award Letter
- VA Pension Benefit Statement
- Unemployment Compensation Award Letter
- Annuity Statement
- TANF Award Statement
- Self-employment documentation (2016 Tax Return)

Applicants or household members with no current employment check stubs may present a letter from his/her employer (on company letterhead) with the employer's full name, address, and telephone number verifying the applicant's/household member's work hours and gross pay for the past 60 days.

HOUSEHOLD FINANCIAL INFORMATION

List names of all persons who reside at household address.

Full Name	Age	Relation	Income for past 60 days, if applicable
TOTAL HOUSEHOLD INCOME			\$

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 YOUTH EMPLOYMENT PROGRAM (ECYEP)

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's household must show proof of income.
6. Participant must abide by all rules, regulations and guidelines of the program, temporary employment agency and work site.
7. Participant must abide all rules and guidelines regarding workplace safety and confidentiality.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.
14. 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 Youth Employment Program (ECYEP) 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

Parent/Guardian's Signature (If Participant is under the age of 18yrs.)

Date

Parent/Guardian's Signature (If Participant is under the age of 18yrs.)

Date

Approved as to form and legal
sufficiency.

By/Title: B. Ellis, ADA
Date: 05/02/17



ESCAMBIA COUNTY
YOUTH EMPLOYMENT PROGRAM (ECYEP)
WAIVER AND RELEASE OF LIABILITY
(Minor – under 18 yrs old)

PARTICIPANT (please print):

NAME (Last) (First) AGE BIRTH DATE LAST 4 of SSN
MAILING ADDRESS CITY STATE ZIP
PHONE EMAIL ADDRESS

PARENT/GUARDIAN (please print):

NAME (Last) (First) LAST 4 of SSN
MAILING ADDRESS CITY STATE ZIP
PHONE EMAIL ADDRESS

EMERGENCY CONTACT (please print):

NAME (First and Last Name) RELATIONSHIP PHONE

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 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

Approved as to form and legal
sufficiency.

By/Title: B. Ellis ACA
Date: 05/02/17

**ESCAMBIA COUNTY
YOUTH EMPLOYMENT PROGRAM (ECYEP)
WAIVER AND RELEASE OF LIABILITY**
(Minor – under 18 yrs old)

(CONTINUED)

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

BEFORE ME, the undersigned, personally appeared _____ (ECYEP 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
YOUTH EMPLOYMENT PROGRAM (ECYEP)
WAIVER AND RELEASE OF LIABILITY
(Adult – 18 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 ECYEP 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 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 SIGNATURE**

DATE

STATE OF FLORIDA
COUNTY OF ESCAMBIA

BEFORE ME, the undersigned, personally appeared _____ (ECYEP 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

Approved as to form and legal
sufficiency.

Notary Printed Name

By/Title: B. Ellis W. ADA
Date: 05/02/17