



SUFFOLK COUNTY ONE-STOP EMPLOYMENT CENTER



Suffolk County Department of Labor, Licensing & Consumer Affairs

725 Veterans Memorial Highway
Hauppauge, NY 11788
email: sc.dol@suffolkcountyny.gov
www.suffolkcountyny.gov/labor

ADDRESS CORRESPONDENCE TO:
P.O. Box 6100
Hauppauge, NY 11788-0099
Phone # (631) 853-6600

SUMMER YOUTH WORK EXPERIENCE PROGRAM 2018 APPLICATION PACKAGE INSTRUCTIONS

1. Application pages must be **complete and legible**. All signatures must be in script and be similar throughout. **Note:** Complete page 1 on the Summer Youth Work Experience Program Application. If you answered yes to question 17 ***please continue***.
2. All applicants must complete the attached Youth Services Application (pages 2 & 3) and the Suffolk County Department of Labor, Licensing and Consumer Affairs Summer Work Experience Program form (page 4).
3. If you are a foster child, you must provide documentation of your status from your Suffolk County Department of Social Services (DSS) foster care caseworker on their Agency letterhead, and the foster care caseworker must also sign page 3 of the Summer Youth Work Experience Application.
4. W-4 Form must be completed and **signed**; it must be printed neatly, without white out and with the **name as it appears** on Social Security card.
5. Two "Applicant/Participant Memoranda of Understanding" are included. Please read, sign both, and keep the second (page 10) for your records.
6. All applicants must have a Social Security card and a **copy** must be submitted with the application.
7. All applicants who will be under the age of 18 as of July 2, 2018 must submit their **original** Student Employment Certificate (working card).
8. Applicants who will be age 18 on July 2, 2018 must submit a **copy** of a photo I.D.
9. All applicants claiming U.S. Citizenship must submit a **copy** of their Birth Certificate with the application. All applicants who are not citizens must submit a copy of their Alien ID card (both sides).
10. All male applicants age 18, or who will turn 18 prior to August 17, 2018, must document their Selective Service Registration. You can register or receive verification online at www.sss.gov/.
11. Send application to Suffolk County Department of Labor, Licensing and Consumer Affairs Youth Programs, P.O. Box 6100, Hauppauge, New York 11788-0099.

Please Note: All applications must be reviewed and certified as eligible by the Suffolk County Department of Labor Licensing and Consumer Affairs.

REMEMBER - SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE A JOB. THE SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING AND CONSUMER AFFAIRS WILL AUTHORIZE THOSE INDIVIDUALS WHO HAVE BEEN SELECTED FOR PARTICIPATION. Selected youth will be notified by their worksite as to when and where to report.

A proud partner of the  American Job Center network

DOL-S161 (3/03)

Auxiliary aids and services available upon request to individuals with disabilities.
An Equal Opportunity Employer Program

Frank Nardelli
Commissioner

Steven Bellone
Suffolk County Executive

James DiLiberto
Workforce Development Board Chair

**SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING AND CONSUMER AFFAIRS
SUMMER YOUTH WORK EXPERIENCE PROGRAM 2018**

www.co.suffolk.ny.us/labor

A proud partner of the  network

The Suffolk County Department of Labor, Licensing and Consumer Affairs has funding from the Temporary Assistance to Needy Families (TANF) program to run a summer work experience program. This program gives young people the chance to work and earn money. Wages for in-school youth do not affect public assistance grants.

To apply for the TANF Work Experience Program you must complete the following application package and meet the eligibility requirements of the program.

1. ____/____/____ 2. ____/____/____ 3. ____ 4. ____/____/____
TODAY'S DATE BIRTHDATE AGE SOCIAL SECURITY NUMBER

5. _____ 6. _____ 7. ____ 8. ____
LAST NAME FIRST NAME MI SEX

9. _____
STREET ADDRESS

10. _____ 11. ____ 12. _____ - _____
TOWN STATE ZIP CODE

13. _____
MAILING ADDRESS, *if different*

14. RACE/ETHNIC (CIRCLE ONE)

WHITE	1
BLACK	2
HISPANIC	3
AMERICAN INDIAN/ ALASKAN NATIONAL	4
ASIAN/PACIFIC IS.	5
OTHER	6

15. (____) _____ - _____ 16. (____) _____ - _____
AREA CODE TELEPHONE # ALTERNATE TELEPHONE
(FAMILY MEMBER)

E-MAIL ADDRESS

17. Are you:

A youth at least 14 years old and under the age of 21? YES NO

If **YES**, then proceed to complete the application, you **may** be eligible for the TANF Summer Youth Work Experience Program.

If **NO** – you are not eligible for this program.

<p>1) Do you have a High School Diploma or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2) Please identify any disabilities you may Have below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Deaf</td><td><input type="checkbox"/></td></tr> <tr><td>Blind</td><td><input type="checkbox"/></td></tr> <tr><td>Extremities</td><td><input type="checkbox"/></td></tr> <tr><td>Learning</td><td><input type="checkbox"/></td></tr> <tr><td>Internal</td><td><input type="checkbox"/></td></tr> <tr><td>Multiple</td><td><input type="checkbox"/></td></tr> </table> <p>3) Highest Grade Completed as of June 2018 _____</p> <p>4) Limited English <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5) Do you receive Family Assistance (TANF)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Deaf	<input type="checkbox"/>	Blind	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Internal	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	<p>In order to be eligible you MUST be within the following income guidelines.</p> <p align="center"><u>TANF Income Standards</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Family Size</th> <th>Monthly Income</th> <th>Annual Income</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$2,010</td><td>\$24,120</td></tr> <tr><td>2</td><td>\$2,707</td><td>\$32,480</td></tr> <tr><td>3</td><td>\$3,403</td><td>\$40,840</td></tr> <tr><td>4</td><td>\$4,100</td><td>\$49,200</td></tr> <tr><td>5</td><td>\$4,797</td><td>\$57,560</td></tr> <tr><td>6</td><td>\$5,493</td><td>\$65,920</td></tr> </tbody> </table> <p>For family units with more than six members, add \$697 monthly or \$8,360 annually for each additional family member.</p>	Family Size	Monthly Income	Annual Income	1	\$2,010	\$24,120	2	\$2,707	\$32,480	3	\$3,403	\$40,840	4	\$4,100	\$49,200	5	\$4,797	\$57,560	6	\$5,493	\$65,920
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Citizen/Non-Citizen Status

A. Are you a United States citizen? YES NO If not, please complete the following information:

INS Form Number: _____
 Alien Number: _____
 Date of Entry into United States: _____

Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

FAMILY ASSISTANCE SAFETY NET	MEDICAID	SNAP/FOOD STAMPS	HEAP	SSI

B. Tell us about any Income of your family members

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, legal guardian, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc., received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

FAMILY SIZE AND INCOME

FAMILY HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	INCOME SOURCE WAGES, SOCIAL SECURITY, ETC.	RECEIVED CHECK ONE		
			Yearly	Monthly	Weekly

APPLICANT NOTIFICATION AND SIGNATURE

The individual signing this application may be asked to prove any or all your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____

Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

SCDOLLCA SUMMER WORK EXPERIENCE PROGRAM

NAME _____ SOCIAL SECURITY # _____

CURRENTLY ATTENDING SCHOOL FULL TIME YES NO SEQUENCE/MAJOR COURSE OF STUDY _____

VOCATIONAL TRAINING COURSES _____

The Barriers to Employment listed below are factors that can make an applicant eligible according to the criteria set by New York State. Please check any that apply to you that you would like us to consider in reviewing your application.

BARRIERS TO EMPLOYMENT:
CHECK THOSE WHICH APPLY

- PREGNANT/PARENTING
- RUN-AWAY/HOMELESS
- YOUTH OFFENDER
- LIMITED ENGLISH ABILITY
- SUBSTANCE ABUSER
- HIGH SCHOOL DROPOUT - HIGHEST GRADE COMPLETED _____
- YOUTH NEEDS ADDITIONAL ASSISTANCE

SPECIFIC NEEDS TO OVERCOME BARRIERS:
CHECK THOSE WHICH APPLY

- CHILDCARE
- FAMILY COUNSELING
- TRANSPORTATION
- ESL TRAINING
- SUBSTANCE ABUSE COUNSELING
- GED TRAINING
- HEALTH CARE
- HOUSING
- BASIC SKILLS ED.

GUIDE FOR OCCUPATIONAL EXPLORATION
CHECK AREAS OF INTEREST

- ARTISTIC
- SCIENTIFIC
- PLANTS/ANIMALS
- SERVICE TO OTHERS
- PHYSICAL ACTIVITY
- OTHER _____
- MECHANICAL
- INDUSTRIAL
- SELLING

WHAT ARE YOUR PLANS FOR SEPTEMBER 2018?

- A. ATTEND SCHOOL/COLLEGE B. ATTEND VOCATIONAL SCHOOL C. LOOK FOR WORK

PRIOR WORK HISTORY: (NOTE ADDITIONAL WORK HISTORY ON BACK OF THIS PAGE)

EMPLOYER NAME: _____ FROM: _____ TO: _____ JOB TITLE: _____

ADDRESS: _____ RATE OF PAY: _____ REASON FOR LEAVING: _____

TASKS PERFORMED: _____

PRIOR TANF/WIA TRAINING/WORK EXPERIENCE:

ACTIVITY: _____

LOCATION: _____

TASKS PERFORMED: _____

APPLICANT TO COMPLETE:

WRITE A SHORT PARAGRAPH OUTLINING ANY INFORMAL WORK EXPERIENCE YOU MAY HAVE HAD SUCH AS BABY-SITTING, YARD WORK, ETC.

X

APPLICANT'S SIGNATURE

COUNSELOR'S SIGNATURE



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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NEW YORK STATE RETIREMENT SYSTEM OPTION

The New York State Retirement and Social Security Law provides that participants enrolled on a part-time or temporary basis in a Work Experience component where a wage is earned are eligible to join the Retirement System. Since you are a Work Experience participant in a Suffolk County Youth Program, you are hereby given the option to join the New York State Retirement System.

Please be advised that if you decide to join the New York State Retirement System, you will be required to contribute 3% of your wages to the Retirement System which will be subtracted from your salary. If you subsequently withdraw from the Retirement System, you may also withdraw your contributions without waiting until age 62 as long as you have not vested or become eligible for any other benefit from the Retirement System.

ACKNOWLEDGMENT

I hereby acknowledge that I have been informed of my rights as an optional member of the New York State Retirement System.

I choose not to join the Retirement System.

I choose to participate in the Retirement System.

Participant Signature

Participant Social Security #

SCDOL Representative

Date

[] Approved

[] Not Approved

Administrative Review

DOL-S155 (rev. 1/15)

Auxiliary aids and services available upon request to individuals with disabilities.
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Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS
APPLICANT/PARTICIPANT MEMORANDUM OF UNDERSTANDING

The following information will provide you with an overview of the services and programs administered by the Suffolk County Department of Labor, Licensing & Consumer Affairs (SCDOLLCA) for which you may be eligible. In addition, this Memorandum serves to advise you that you have certain rights and certain responsibilities as an applicant and participant.

1. **EMPLOYMENT AND TRAINING PROGRAMS**

A. The purpose of programs administered by the SCDOLLCA is to provide services and activities that increase the employment, retention, and earnings of participants, as well as increase their occupational skill level.

B. 1. Programs Include:

Adult, Dislocated Worker and Youth Programs
Displaced Homemaker Program
Public Assistance Programs

2. Services and activities include:

Outreach Orientation to the One-Stop System Use of the Employment Center Skills assessment Supportive service assessment Information regarding filing claims for unemployment Job vacancy listings and job banks Computers, Internet access, and phone banks Job search and placement assistance	Career Counseling Labor Market Information Career Transition Workshops Job Search Workshops On-the-Job Training Education and Training when appropriate and suitable Employer Open Houses and Job Fairs Information on community services Follow-up services
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In addition to the above, youth services also include:

Dropout Prevention Strategies Alternative Schools Summer Employment Opportunities Occupational Skill Training	Leadership Development Opportunities Supportive Services Adult Mentoring Comprehensive Guidance and Counseling As appropriate, paid & unpaid work experience including: internships & job shadowing
--	--

C. You agree to fully comply with the program standards and procedures which govern that activity.

D. You agree to follow the plan developed by you and SCDOLLCA staff.

E. You must agree to seek employment at the conclusion of the program. If you received education and/or training you must seek training related employment at the conclusion of the program.

F. You agree to cooperate with all post-program follow-up efforts conducted by our staff counselors.

2. **UNEMPLOYMENT INSURANCE INFORMATION:** If you are laid-off or fired from a wage paying job, you may be eligible for Unemployment Insurance Benefits. You must apply to the New York State Department of Labor to find out if you qualify.

3. **CHARGING OF FEES:** There is no charge to you for any of the services sponsored by the SCDOLLCA. Should any person attempt to charge you money or request any kind of favor from you, report that person to the SCDOLLCA at (631) 853-6623.

4. **LIMITATIONS ON POLITICAL ACTIVITY:** Participants may neither be involved in political activities during the hours for which they are paid with federal or state funds, nor may they act as a spokesperson for SCDOLLCA Programs at political activities.

5. **LIMITATIONS ON WORK AT RELIGIOUS OR SECTARIAN FACILITIES:** As part of their SCDOLLCA funded activity, participants may not be employed or involved in the construction, operation or maintenance of any portion of any facility used or to be used for sectarian instruction or as a place of religious worship.
6. **DISCRIMINATION COMPLAINT PROCEDURES:** No individual will be excluded from participation in, denied the benefits of, subjected to discrimination, or denied employment in connection with any programs because of race, color, religion, sex, national origin, age, disability, political affiliation or belief or your status as a participant in SCDOLLCA programs. Participation in SCDOLLCA programs and activities shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States. An individual has the right to file at the local, state and federal levels. All complaints of discrimination based on the preceding should be filed within 180 days of the occurrence directly with the Suffolk County Department of Labor, Licensing & Consumer Affairs Equal Opportunity Officer by phoning (631) 853-6623 or in writing to Suffolk County Department of Labor, Licensing & Consumer Affairs, P.O. Box 6100, Hauppauge, NY 11788. An individual will be offered the choice of resolving the complaint through the customer discrimination complaint procedure or an Alternative Dispute Resolution through Mediation Process.

A complainant may file a written complaint at:

the state level directly with:

Director
 Division of Equal Opportunity Development
 New York State Department of Labor
 State Office Building Campus
 Building 12, Room 540
 Albany, New York 12240

or at the federal level directly with:

Director
 Civil Rights Center
 United States Department of Labor
 200 Constitution Avenue NW
 Room N4123
 Washington, DC 20210

7. **COMPLAINTS OF CRIMINAL ACTIVITY:** All information and complaints involving fraud, abuse, or other criminal activity shall be reported directly to:

Office of Inspector General
 United States Department of Labor
 Room S-5506
 200 Constitution Avenue, N.W.
 Washington, D.C. 20210
 The telephone hotline number is 1-800-347-3756

8. **ALL OTHER COMPLAINTS:** Complaints regarding disciplinary action, working conditions, payment of wages or other training related matters should be directed to the SCDOLLCA EO Officer at (631) 853-6623. All non-criminal complaints must be made within one (1) year of the alleged occurrence.
Note: If necessary, SCDOLLCA will provide assistance to understand and participate in any complaint process to individuals with special needs (e.g. hearing impaired, Spanish speaking, etc.).
9. **CUSTOMER SATISFACTION:** The Suffolk County Department of Labor, Licensing & Consumer Affairs is committed to achieving superior standards in the areas of Customer Waiting Intervals, Services Provided, and Quality of Service. Accordingly, you will be surveyed, by phone or mail, and asked to provide comments regarding your experiences with us. Your responses will be used to help us measure our levels of success and to maintain and improve services to our customers.
10. **PUBLIC INFORMATION:** In an effort to inform the general public of the efforts and success of the Suffolk County Department of Labor, Licensing & Consumer Affairs Programs, you may, in the course of your activities with us, be asked to have your photograph taken. By checking yes, you grant the Suffolk County Department of Labor, Licensing & Consumer Affairs permission to use your experience and photograph for promotional purposes. Yes ____ No ____
11. **ACKNOWLEDGEMENT:** My signature acknowledges that I have received a copy of this Memorandum of Understanding, understand the information provided, and agree to comply with program requirements in order to continue receiving services.

DATE: _____ **PRINT NAME:** _____ **SIGNATURE:** _____

Auxiliary aids and services available upon request to individuals with disabilities. Equal Opportunity Employer Program

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APPLICANT/PARTICIPANT MEMORANDUM OF UNDERSTANDING

The following information will provide you with an overview of the services and programs administered by the Suffolk County Department of Labor, Licensing & Consumer Affairs (SCDOLLCA) for which you may be eligible. In addition, this Memorandum serves to advise you that you have certain rights and certain responsibilities as an applicant and participant.

1. **EMPLOYMENT AND TRAINING PROGRAMS**

A. The purpose of programs administered by the SCDOLLCA is to provide services and activities that increase the employment, retention, and earnings of participants, as well as increase their occupational skill level.

B. 1. Programs Include:

Adult, Dislocated Worker and Youth Programs
Displaced Homemaker Program
Public Assistance Programs

2. Services and activities include:

Outreach Orientation to the One-Stop System Use of the Employment Center Skills assessment Supportive service assessment Information regarding filing claims for unemployment Job vacancy listings and job banks Computers, Internet access, and phone banks Job search and placement assistance	Career Counseling Labor Market Information Career Transition Workshops Job Search Workshops On-the-Job Training Education and Training when appropriate and suitable Employer Open Houses and Job Fairs Information on community services Follow-up services
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In addition to the above, youth services also include:

Dropout Prevention Strategies Alternative Schools Summer Employment Opportunities Occupational Skill Training	Leadership Development Opportunities Supportive Services Adult Mentoring Comprehensive Guidance and Counseling As appropriate, paid & unpaid work experience including: internships & job shadowing
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C. You agree to fully comply with the program standards and procedures which govern that activity.

D. You agree to follow the plan developed by you and SCDOLLCA staff.

E. You must agree to seek employment at the conclusion of the program. If you received education and/or training you must seek training related employment at the conclusion of the program.

F. You agree to cooperate with all post-program follow-up efforts conducted by our staff counselors.

2. **UNEMPLOYMENT INSURANCE INFORMATION:** If you are laid-off or fired from a wage paying job, you may be eligible for Unemployment Insurance Benefits. You must apply to the New York State Department of Labor to find out if you qualify.

3. **CHARGING OF FEES:** There is no charge to you for any of the services sponsored by the SCDOLLCA. Should any person attempt to charge you money or request any kind of favor from you, report that person to the SCDOLLCA at (631) 853-6623.

4. **LIMITATIONS ON POLITICAL ACTIVITY:** Participants may neither be involved in political activities during the hours for which they are paid with federal or state funds, nor may they act as a spokesperson for SCDOLLCA Programs at political activities.

5. **LIMITATIONS ON WORK AT RELIGIOUS OR SECTARIAN FACILITIES:** As part of their SCDOLLCA funded activity, participants may not be employed or involved in the construction, operation or maintenance of any portion of any facility used or to be used for sectarian instruction or as a place of religious worship.
6. **DISCRIMINATION COMPLAINT PROCEDURES:** No individual will be excluded from participation in, denied the benefits of, subjected to discrimination, or denied employment in connection with any programs because of race, color, religion, sex, national origin, age, disability, political affiliation or belief or your status as a participant in SCDOLLCA programs. Participation in SCDOLLCA programs and activities shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States. An individual has the right to file at the local, state and federal levels. All complaints of discrimination based on the preceding should be filed within 180 days of the occurrence directly with the Suffolk County Department of Labor, Licensing & Consumer Affairs Equal Opportunity Officer by phoning (631) 853-6623 or in writing to Suffolk County Department of Labor, Licensing & Consumer Affairs, P.O. Box 6100, Hauppauge, NY 11788. An individual will be offered the choice of resolving the complaint through the customer discrimination complaint procedure or an Alternative Dispute Resolution through Mediation Process.

A complainant may file a written complaint at:

the state level directly with:

Director
 Division of Equal Opportunity Development
 New York State Department of Labor
 State Office Building Campus
 Building 12, Room 540
 Albany, New York 12240

or at the federal level directly with:

Director
 Civil Rights Center
 United States Department of Labor
 200 Constitution Avenue NW
 Room N4123
 Washington, DC 20210

7. **COMPLAINTS OF CRIMINAL ACTIVITY:** All information and complaints involving fraud, abuse, or other criminal activity shall be reported directly to:

Office of Inspector General
 United States Department of Labor
 Room S-5506
 200 Constitution Avenue, N.W.
 Washington, D.C. 20210
 The telephone hotline number is 1-800-347-3756

8. **ALL OTHER COMPLAINTS:** Complaints regarding disciplinary action, working conditions, payment of wages or other training related matters should be directed to the SCDOLLCA EO Officer at (631) 853-6623. All non-criminal complaints must be made within one (1) year of the alleged occurrence.
Note: If necessary, SCDOLLCA will provide assistance to understand and participate in any complaint process to individuals with special needs (e.g. hearing impaired, Spanish speaking, etc.).
9. **CUSTOMER SATISFACTION:** The Suffolk County Department of Labor, Licensing & Consumer Affairs is committed to achieving superior standards in the areas of Customer Waiting Intervals, Services Provided, and Quality of Service. Accordingly, you will be surveyed, by phone or mail, and asked to provide comments regarding your experiences with us. Your responses will be used to help us measure our levels of success and to maintain and improve services to our customers.
10. **PUBLIC INFORMATION:** In an effort to inform the general public of the efforts and success of the Suffolk County Department of Labor, Licensing & Consumer Affairs Programs, you may, in the course of your activities with us, be asked to have your photograph taken. By checking yes, you grant the Suffolk County Department of Labor, Licensing & Consumer Affairs permission to use your experience and photograph for promotional purposes. Yes ____ No ____
11. **ACKNOWLEDGEMENT:** My signature acknowledges that I have received a copy of this Memorandum of Understanding, understand the information provided, and agree to comply with program requirements in order to continue receiving services.

DATE: _____ **PRINT NAME:** _____ **SIGNATURE:** _____

Auxiliary aids and services available upon request to individuals with disabilities. Equal Opportunity Employer Program