

Name **Miguel Grullon**SYEP ID# **7468046**

One application will be accepted for each applicant. Completed applications will be entered into a lottery to determine those applicants who will be offered a position in the Summer Youth Employment Program. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. The following application items: Spoken Language, Disability Status is voluntary and will be treated with confidentiality. They cannot be used to affect your status in receiving employment, benefits and/or services. Information provided may be used by the City of New York to improve City services or to access additional funding.

1. Social Security Number (Please be accurate)

113-98-1110

2. Last Name

Grullon

3. First Name

Miguel

4. MI

A

5. Birth Date

03/30/1994

6. Gender

Male

7. Citizenship Status

Permanent Resident Alien

Males 18 and over, must be registered with Selective Service:

8. Registration

9403737878

Registration Date

04/23/2012

Will supply registration info later?

No

9. Alien Number:

060855569

USCIS Form Number: src1000350617

10. Street Address:

545 West 126Th Street

11. Apt

6e

12. Zip Code

10027

13. Do you live in a NYC Housing Authority (NYCHA)?

Not Collected

If Yes, Name the Development:

14. Borough

Manhattan

15. Ethnicity

16. Languages

Spanish

17. Applicant's Home Phone

646-559-9426

18. Applicant's Cell Phone

646-851-5078

19. Applicant's Email

migue30g@gmail.com

20. Name of Parent or Legal Guardian: Last Name

Rojas

First Name

Ana

21. Emergency Contact Phone

347-435-4515

Educational Status

22. Current Educational Status

Not attending school; HS Graduate

23. Educational-Student Type

Part-Time Student

24. Current grade if in High School or below. If not in HS, indicate the last grade completed:

12

25. What school did/do you attend?

Harlem Renaissance High School

Income & Other Information

26. Total family income (gross) for the last SIX months:

\$30000.

27. Number of family members currently living in applicant's household:

4

28. Is the applicant or the applicant's family currently receiving public assistance?

No

29. Type of Public Assistance:

N/A

30. Is the applicant any of the following:

☐ Disabled☐ Runaway☐ Parent☐ Foster Care☐ Offender/Court Involved☐ Served in Military☐ Homeless☐ ACS Preventative Services

Name Miguel GrullonSYEP ID# 7468046**Educational Status**31. **School History:** *(Ask the participant to discuss the schools they have attended in the past and why they left.)*

SCHOOL(S) ATTENDED	FROM	TO	REASON FOR LEAVING	COMMENTS (Note if Alternative School)
Harlem Renaissance High School				

32. Favorite Subject: _____ Least Favorite Subject: _____

33. What is your grade average? _____ 33a. What is your major (potential) in college? _____

34. If educated outside of the U.S., comparable grade level: _____

Employment History & Goals35. **Work History:** *(Give a brief overview of the types of jobs you have held in the past.)*

36. Has the participant made informed job choices in the past? ☐ Yes ☐ No37. Does participant possess appropriate labor market information? ☐ Yes ☐ No

38. List three work related skills you possess:

a. _____ b. _____ c. _____

39. **What career interests has the participant expressed?** *(Check all appropriate categories.)*

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Financial | <input type="checkbox"/> Science |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Human Services | <input type="checkbox"/> Medical | <input type="checkbox"/> Business Administration |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Protective Services | <input type="checkbox"/> Athletics | <input type="checkbox"/> Law |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Technology | <input type="checkbox"/> Educational | <input type="checkbox"/> Skilled Trades |
| <input type="checkbox"/> Other (Specify): _____ | | | |

40. What is the applicant's long term career goal? _____

41. Have you set a savings goal for the summer? ☐ Yes (Go to a.) ☐ No ☐ Don't Know ☐ Does not want to disclose

a. How much of your salary do you plan to save this summer? \$ _____

Health Questionnaire (This section must be completed and signed by participant and parent/guardian.)42. Do you have any allergies, e.g. asthma, hay fever, penicillin, dust, etc.? No ☐ Yes (please list) ☐43. Are you presently taking any medication? No ☐ Yes (please list) ☐44. Do you have any illness, injury or on-going medical condition which prevent you from performing specific tasks at the Worksites? No ☐ Yes (please explain) ☐**Consent for Emergency Medical Treatment**

I, _____, the parent/guardian of Miguel Grullon do hereby give authorization to the staff of, the SYEP Provider, or the Worksites supervisor to obtain emergency medical treatment for my child if s/he is injured or requires medical attention in my absence with the understanding that the family will be notified as soon as possible.

Signature of Participant

Date

Signature of Parent/Guardian

Date

Name **Miguel Grullon**SYEP ID# **7468046****Maximum Hours & Unpaid Orientation Acknowledgment**

Youth enrolled in subsidized jobs may participate in Summer Youth Employment Program activities a maximum of 20 hours per week (Sunday through Saturday) in the case of younger youth (aged 14-15) and a maximum of 25 hours per week in the case of older youth (aged 16-24). Youth in unsubsidized jobs are not subject to an hourly limit pursuant to SYEP, but may be subject to an hourly limit by their worksite. The hourly limit includes both educational and employment activities in the case of younger youth. The participant's weekly activity hours must not exceed the applicable limit.

Additionally, youth enrolled in subsidized jobs must complete an unpaid orientation prior to beginning employment activities. Participant completion of the unpaid orientation is a prerequisite for engaging in employment activities.

By initialing this section the participant and the parent fully understand that participation in SYEP activities, and payment for those activities, is limited to the applicable maximum number of hours per week; the participant and the parent also understand that the participant must complete an eight-hour, unpaid orientation prior to engaging in employment activities.

Participant
InitialsParent/Guardian
Initials**Participant Pay Card Acknowledgment**

I acknowledge that I have a choice of payment methods for my payroll. I may choose to be paid by payroll card issued by MetaBank at 5501 South Broadband Lane, Sioux Falls, SD 57108 or direct deposit into an existing bank account. I understand that I may make my selection in accordance with the enrollment procedures set forth for the Summer Youth Employment Program. If I do not complete a selection of payment method by the due date disclosed within the enrollment procedures, I understand that I shall be paid by payroll card and agree to be so paid.

By initialing this section the participant and the parent agree they acknowledge the terms stated above as it pertains to their payment options.

Participant
InitialsParent/Guardian
Initials**Photo/Video Release Wavier**

I hereby authorize and permit the City of New York Department of Youth and Community Development ("DYCD") or its authorized agent, without compensation therefore, permission to photograph, publish, reproduce, record and use, with or without my name or the name of the person for whom I am the parent/guardian. The includes, but is not limited to, photographs, quotes and/or text, motion pictures, videotapes, Web site pages and personal stories or audio tapes of and/or by me or the person whom I am the parent/guardian.

I release DYCD from any and all legal liability that may arise from the release of information requested. I agree that all text, Web information/hypertext, photographs, motion pictures, negatives, prints and transparencies, video tapes and audio tapes made of and/or by me or the person for whom I am the parent/guardian by or for DYCD, shall be the exclusive property of DYCD, which in its sole discretion may use this material as it sees fit in any medium or forum.

By initialing this section the participant and the parent agree to the Photo/Video terms stated above. If they choose not to participate; please mark this box N/A.

Participant
InitialsParent/Guardian
Initials**CERTIFICATION OF ACCURACY**

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

Participant Signature

Date

Parental/Guardian signature is required for all applicants if/when the applicant inputs the parent/guardian's income to apply and provides parent/guardian's income documents to enroll/participate in the Summer Youth Employment Program. [Question #24 above]

Intake Officer Signature

Date

Parent/Guardian Signature

Date

The status of your application can be found at www.nyc.gov/dycd

Thank you for your participation and Good Luck in the Summer Youth Employment Program.

Name **Miguel Grullon**SYEP ID# **7468046****Summer Jobs Connect Financial Empowerment Study.**

In coordination with Cities for Financial Empowerment and NYC Summer Youth Employment Program (SYEP), Public Works Partners (PWP) is conducting the Summer Jobs Connect Financial Empowerment Study with SYEP participants. If you are over 18, we are asking for your permission—and if you are under 18, we are asking for your parent or guardian's permission to take a survey with other youth participating in the same program. If permission is granted, SYEP participants will have the opportunity to partake in an online survey that will ask questions about financial institutions and services, the utilization of banking services, and banking and savings habits. The survey should take 20 minutes. The research will help PWP understand SYEP youth's perceptions of these topics and allow us to shape summer youth employment policy recommendations. Participants in this study will be entered to win one of two Samsung Galaxy 4 Wi-Fi tablets. Notification of the prizewinner will occur in November 2017. PWP has received approval for this research from the Heartland Institutional Review Board.

The decision to grant permission is voluntary and SYEP participants are not required to participate in the research study. Declining in no way jeopardizes a participant's current summer employment, their evaluation on the job, or the services they receive from their local community-based organization or city agency, either now or in the future. All responses will be completely confidential and the name of survey participants will never appear on any public document.

Questions about the study or a participant's rights, please contact the principal investigator, Veronica Momjian at vmomjian@publicworkspartners.com or at (718) 288-0719. If you have any questions about your treatment as a human subject in this study, you may contact the Executive Director of the Heartland Institutional Review Board at (866) 618-4472; Fax (866) 414-0517; or by emailing director@heartlandirb.org.

By initialing this section, the participant or parent agree to the participants inclusion in the Summer Jobs Connect Financial Empowerment Study.

Participant
InitialsParent/Guardian
Initials**Banking and Savings Incentive**

To be eligible for prizes linked to your banking and savings activities, you must be paid using direct deposit or open a savings account associated with your payroll card and must consent to have MetaBank share certain information regarding your savings practices with the Program administrators. The information shared may include, your name, Card ID, the date(s) you open or close a savings account, dates, and amounts of deposits or withdrawals to a savings account, and methods of deposit (Savings Information). The Savings Information will not be shared by Program administrators with any other entity or used for any other purpose, unless you specifically authorize the additional use or disclosure of the Savings Information. MetaBank does not require you to consent to sharing the Savings Information with the Program administrators to maintain a savings account. You may withdraw your consent to sharing the Savings Information at any time by contacting the Program administrators at 1-800-246-4646. If you withdraw your consent, you will lose your eligibility for prizes linked to your savings activities.

Name (Print)_____
Signature_____
Date