INSTRUCTIONS FOR COMPLETING SUMMER YOUTH WORK EXPERIENCE PROGRAM (SYWEP) APPLICATION

The Virgin Islands Department of Labor (VIDOL) is pleased to announce that the department has begun accepting and processing Summer Youth Employment and Training registrations. During the **2020 Summer Youth Work Experience Program (SYWEP)**, each applicant must complete and return the registration form to VIDOL. Customers must provide supporting documents (**refer to Checklist attached**) as part of the job application process. In an effort to match applicants with their desired occupation and/or field of study, VIDOL staff request that customers complete both the **Education Status** and **Employment Status** section of the application:

COMPLETING THE FORM

- Please complete form electronically by typing the answers in the spaces provided.
 Alternatively you may print out the form and complete it by writing your answers in the spaces provided.
- Questions followed by a checkbox (Additional Information Section) may be answered by clicking on the checkbox next to the appropriate answer. If completing the form manually, place a check mark next to the appropriate answer.
- Some questions provide a blank space for you to enter your information. Please answer those
 items as well. If the item does not apply, enter "N/A" for 'not applicable'. This lets us know you
 saw and answered it.
- To ensure that you will contacted by VIDOL staff, please confirm the accuracy of your contact information on application (*Phone*, e-mail).

SIGN & DATE

- If completing the form electronically please type your name in each signature box. Each will be accepted as your signature.
- If completing the form manually, please sign your name in the spaces indicated. Please be sure to include the date where indicated as well.

RETURNING THE FORM

You may return the form by any of the following methods:

- (1) If completing the form electronically please save the form on your computer and email file to stxsywep@dol.vi.gov.
- (2) You may also scan the completed form to an Adobe PDF file, and email file to stxsywep@dol.vi.gov.
- (3) You may return the completed form and all requested supporting documents to VIDOL One Stop Location.

4401 Sion Farm
Christiansted, St. Croix

Application Deadline: April 24, 2020

(for priority consideration)

Welcome To Our **VI Career Network One Stop Center**

HOW CAN WE HELP YOU? (Please check all that apply) Help finding work / Job referrals Information about Umeployment Insurance (UI) Information about services for job seekers with disabilities Help finding a new career that fits my skills and interest I need ☐ Vocational /Occupational training Job search skills (resume writing, how to look for work, interviewing, keeping the job, etc.) Information about education (GED, high school completion, college) Computer Classes To improve my basic skills (reading, math) To learn English ☐ Information about YouthNet and/or Youth Services referral to other services (child care, transportation, housing, legal, counseling, etc) **LAST NAME: FIRST NAME: SOCIAL SECURITY #: TODAY'S DATE: STREET: Address:** CITY/STATE: ZIP: STREET: Mailing **Address:** CITY/STATE: ZIP: **Day Phone:** Alt. Phone: **E-Mail Address:** □ Female **Gender:** ☐ No Date of Birth: Yes Are you registered for Selective Service? **ETHNICITY:** ☐ American Indian/Alaskan Native Hispanic ☐ Black-not Hispanic ☐ Other ☐ Decline to Answer ☐ Asian Are you currently enrolled in school? $\ \ \ \ \ \ \ \ \ \gamma_{es}$ **EDUCATION STATUS:** ☐ No **Highest grade completed:** ☐ HS Diploma ☐ GED ☐ College **Diploma Earned:** Degrees, licenses, or other credentials you hold: **EMPLOYMENT STATUS:** Are you currently working? ☐ Yes If no, what kind of work or occupation are you looking for? Please select as many Occupation Industries that apply. Administrative & Support ☐ Hospitality Scientific, & Technical Services Arts, Entertainment & Recreation ☐ Information Technology ☐ Transportation & Warehousing ☐ Construction Other_____ Legal □ Educational Services ☐ Manufacturing ☐ Entrepreneurship/Business ☐ Public Administration Real Estate & Rental & Leasing Engineering ☐ Finance & Insurance ☐ Retail Trade Health Care & Social Assistance ☐ Security/Law Enforcement

ADDITIONAL INFORMATION			Pregnant or nursi	ng	Yes	☐ No	
Veteran of the U.S. Military	☐ Yes	☐ No	Ex-Offender		Yes	☐ No	
Current or former Foster Youth	☐ Yes	☐ No	Migrant/seasonal	farm worker	Yes	 ☐ No	
Refugee/Asylee	☐ Yes	☐ No	Person with a disa	ability	Yes	☐ No	
Homeless	☐ Yes	☐ No	Receiving Unemp	loyment	☐ Yes	☐ No	
Receiving Public Assistance (GA, TANF, Food Stamps, RCA, SSI)	Yes	☐ No	Received Unempl within past 12 months	oyment	☐ Yes	☐ No	
Permanent Alien #:							
WORK HISTORY (Please start with last job held)							
1. Company/Address:			Job Title1:				
City:	State:		Job Duties:				
Start Date:	End Date:	1					
Hourly Wage:	☐ PT	□FT	Reason for Leaving	j :			
2. Company/Address:			Job Title2:				
City:	State:		Job Duties:				
Start Date:	End Date:	T.					
Hourly Wage:	☐ PT	□FT	Reason for Leaving:				
3. Company/Address:			Job Title3:				
City:	State:		Job Duties:				
Start Date:	End Date:						
Hourly Wage:	☐ PT	□FT	Reason for Leaving:				
By signing below, I acknowledge that I have received copies of: 1) Customer Bill of Rights 2) Grievance procedure and; 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.							
Signature:			Date				
Parent/Guardian Signature			Date				
FOR OFFICIAL USE ONLY							
Right-to-Work Documents Viewed:				Staff Initi	als		
AOSOS Customer ID Assigned:				Date:			
-CUSTOMER REFERRAL /			ACTION PLAN-				
TALENT DEVELOPMENT				TALENT MARKI			
☐ Workforce Intelligence ☐ Computer Literacy				☐ Workforce Intelligence ☐ Resume Assistance			
Career Assessment			☐ Interviewing Assistance				
☐ In-depth Skills Assessment			Job matching / Referrals				
Career / Technical Education			Pre-screening / Referrals				
☐ Vocational Training				☐ Job Fairs	NI-4		
☐ On- line Training / Distance learning ☐ Tuition Assistance			☐ Employment Networking☐ Job Coaching / Career Counseling				
Subsidized Employment		Employer Ori					
Support Services							
Pre - Employment Skills							
Basic Skills							
Soft Skills							



Youth Services

CHECKLIST

Proof of Citizenship or Legal Residence Status (Birth Certificate, US Passport, OR Permanent Resident Card)
Social Security Card
Proof of enrollment in High School/College, Basic Education or Adult Continuing Education (Report Card, Diploma or Degree) • Junior and High School Students - Report Cards • High School Graduates and Out of School Students - Diploma/Certificate of Completion** • College Students - Unofficial Transcript/Degree
Picture ID (School or Driver's License) **Please make sure all Identification submitted is up-to-date. **
Address Verification (Utility bill or Government issued ID) ex. WAPA bill, Voter's Registration Card, Drivers License
Household Income (ex. Most recent check Stubs) **Check stubs requested are to be provided by the parent(s) in the household that are working. If not please request an income form from any of our Youth representatives. **

** Please attach a copy of your Resume if you have one. **