



# Gadsden County

## Board of County Commissioners

9B East Jefferson Street, Quincy, Florida 32351, (850)875-8650, [www.gadsdencountyfl.gov](http://www.gadsdencountyfl.gov)

## 2019 Summer Youth Employment Opportunity

*Teens Are Encouraged to Apply for the 2019 Youth Training Program*

Gadsden County announces its Summer Youth Training Program, designed to allow students the opportunity to obtain work experience in a real-world environment. For six (6) weeks, youth between the ages of 14 and 18 will be introduced to the workplace, gain valuable employment skills, and earn a modest summer income.

Youth selected will work up to 20 hours per week earning \$8.46 per hour.  
The program begins Monday, June 10<sup>th</sup> and ends Friday, July 19<sup>th</sup>.

### Applications Accepted:

**Monday, April 1<sup>st</sup> through Friday, April 26<sup>th</sup>**

Applications can be obtained from the Gadsden County BOCC's website – [www.gadsdengov.net](http://www.gadsdengov.net), any of the three branch libraries, at local county high schools, or from the Gadsden County employment board located on the 1<sup>st</sup> floor of the Edward Butler Governmental Complex Building  
9B East Jefferson Street, Quincy, Florida

**Applications must include a copy of the student's most recent report card for the 2018-2019 school year that includes the youth's grades, attendance and conduct. Applications will not be accepted without a report card.**

**Progress reports will not be accepted in place of report cards. Proof of**

**Residency must be included when submitting application.**

**Students are only allowed to participate in the program once.**

### Qualifications to Participate in the Program:

- *Student Must be a Gadsden County Resident*
- *Must be between the ages of 14 – 18 on the date the program starts*
- *Must have a 2.0 GPA*
- *Acceptable school attendance*
- *Acceptable school conduct*

**Applications are to be submitted "ONLY" to the:**  
**Gadsden County Board of County Commissioners**  
**Administrator's Office**

**Location: Edward Butler Building**  
**5B East Jefferson Street, 2<sup>nd</sup> Floor, Suite 201**  
**Quincy, Florida**

**Applications may also be faxed to 875.8655 or**  
**E-mailed to: [JRobinson@gadsdencountyfl.gov](mailto:JRobinson@gadsdencountyfl.gov)**



For more information, please visit the County's website at: [www.gadsdengov.net](http://www.gadsdengov.net) or contact **Jeronda Robinson at (850) 875-8650.**



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## 2019 Summer Youth Employment Application

**\*\*\* A CURRENT REPORT CARD MUST BE ATTACHED, PROGRESS REPORTS ARE NOT ACCEPTABLE\*\*\***

Current Age _____ DOB _____	Current Grade Level _____
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Municipality/Area where you live:

- Chattahoochee   
  Greensboro   
  Gretna   
  Havana   
  Midway   
  Quincy  
 St. John   
  Robertsville   
  Scott Town   
  Sycamore   
  Sawdust   
  Shallow

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**Physical Address:**

Street Name & Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Mailing Address (if Different From Above):**

Street Name & Number or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

Are you a resident of Gadsden County?:  Yes     No

***This program is available to Gadsden County Residents Only***

### Citizenship/Authorization

The Gadsden County BOCC hires only United States citizens and lawfully authorized alien workers. If offered employment, you must provide proof of citizenship or authorization to work in the U.S. before you are hired.

Are you a U.S. Citizen?  Yes     No

If no, do you possess an I-151, an I-1551, or an I-94 card stamped "Employment Authorized"?

Yes, Card # \_\_\_\_\_     No

### Education

	Name of School	Grade Level Completed
Elementary		
Middle		
High School		

## Current or Previous Work History

Current or Previous Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Salary Beginning: \_\_\_\_\_/Ending \_\_\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Work Skills

- |   |   |
|---|---|
| <input type="checkbox"/> Word Processing, Spreadsheets, Databases                         | <input type="checkbox"/> Public Speaking        |
| <input type="checkbox"/> Camp/Youth Group Leader  | <input type="checkbox"/> Custodial              |
| <input type="checkbox"/> Customer Service: Answering/Routing Calls, Copying, Filing, etc. | <input type="checkbox"/> Lawn Care              |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Cashier/Money Handling |

Specific Software Expertise:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Skilled Areas(List any other relevant skills whether paid/unpaid.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Areas of Interest/Hobbies

Please list below your interests and/or hobbies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### CERTIFICATE OF APPLICANT

I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may cause my application not to be considered; or, if I have been employed, may cause for my immediate dismissal. I authorize the Human Resources Office of Gadsden County BOCC to verify any information contained in this application and its attachments. I further authorize anyone having such information to release it. I further understand that I am applying for a position in the Gadsden County Summer Youth Training Program. If I am selected for a position, I understand that I will be a participant in the Gadsden County Summer Youth Training Program and not an employee of Gadsden County.

- Checking this box indicates that you have read and agree to the *Certificate of Applicant* statement above.
- Checking this box indicates that you understand you will have to attend a mandatory orientation that will be scheduled during the week of June 3<sup>rd</sup> as well as mandatory training scheduled on Monday, June 10<sup>th</sup>.
- Checking this box indicates your application is complete and you understand that an incomplete application will not be reviewed for participation in the program.

**STOP!! – Make sure you read and check the boxes above. Unchecked boxes indicates an incomplete application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications Without a Current Report Card and Completed Proof Of Residency Form Will Not Be Accepted**

# Proof of Residency

It is required that a parent/guardian verify that a youth's address is within the County of Gadsden, Florida prior to submitting an application to participate in the Summer Youth Employment Program. This form must be submitted along with two proofs of residency when submitting the employment application. Acceptable documents are listed below:

- Government Issued Photo ID such as Driver's License or ID Card
- Utility Bill (Cell Phone or Cable Bill will not be accepted as proof of residency)
- Residential Lease or Proof of Property Ownership
- Notarized Affidavit of Residency

Please complete the information below:

## Youth Information:

Youth's Full Name	
Physical Street Address including City & Zip	
Contact Phone Number	
Current Grade Level	

## Parent/Guardian Information:

Parent/Guardian Name	
Relationship to Youth	
Contact Phone Number	

By signing below, I acknowledge that the information provided above is true and correct.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# AFFIDAVIT OF RESIDENCY

I, \_\_\_\_\_, the parent/guardian to  
\_\_\_\_\_ (Youth Name), being duly sworn, do hereby  
attest that:

1. The youth mentioned above is a resident of the City of: \_\_\_\_\_,  
in Gadsden County, Florida.

2. His/Her address is: \_\_\_\_\_ (Street Number & Name)  
\_\_\_\_\_ (City & Zip)

3. The youth has resided at the above address since: \_\_\_\_\_

(Indicate Date Residency Began)

4. The following people reside with the youth at the aforementioned address and can  
attest to the residency:

a. Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_

b. Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_

c. Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian Completing Form*

## NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing affidavit was acknowledgement before me this \_\_\_\_\_ date of  
\_\_\_\_\_, 2019, by \_\_\_\_\_, who is personally known to me or  
proved through satisfactory evidence of identification which was \_\_\_\_\_ to  
be the person named and who signed this affidavit.

\_\_\_\_\_  
Notary Signature  
Printed Name \_\_\_\_\_  
*Notary Seal/Stamp*  
Commission Expires: \_\_\_\_\_