



Worksite Application

GENERAL INFORMATION

ALL INFORMATION ON THIS APPLICATION MUST BE THE SAME AS THE INFORMATION ENTERED IN YEPS

DYCD Contractor: _____

Worksite Name: _____

Worksite Address: _____
Number & Street Address *Borough* *Zip Code*

Between Streets/Cross Streets: _____

Travel Directions (List closest Train(s) and/or Buses):

PLEASE NOTE: If there is more than one location for this worksite, additional applications must be completed for each address

Worksite Information (please check the appropriate box)

Type of Sector: Non-Profit Private/Non-Profit Government

Industry:

- | | | |
|---|---|---|
| <input type="checkbox"/> Arts & Recreation | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Camps | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Media/Entertainment |
| <input type="checkbox"/> Community/Social Services | <input type="checkbox"/> Healthcare/Medical | <input type="checkbox"/> Real Estate/Property |
| <input type="checkbox"/> Day Care/Day Cam | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Online Educational Component | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | | |



WIOA Youth Programs Workforce Connect

Is this a Childcare related worksite? No Yes (*If Yes, see statement below)

Is this a Nature/environment related worksite?
(Outdoor Worksite Assignment) No Yes (*If Yes, see statement below)

**If you answer "Yes" to the any of the above questions, the worksites may need "Special Planning" and requires additional information as required on FORM 1A*

MANAGEMENT

How many Full-Time employees do you have in your establishment? _____

How many of these staff will be responsible for supervising Train and Earn participants? _____

Please check all related areas:

WORKSITE REPRESENTATIVE SUPERVISOR KEY MANAGEMENT PERSONNEL

Last Name: _____ First Name: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Area of Supervision: _____

AUTHORIZED TO SIGN TIMESHEETS

Please check all related areas:

WORKSITE REPRESENTATIVE SUPERVISOR KEY MANAGEMENT PERSONNEL

Last Name: _____ First Name: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Area of Supervision: _____

AUTHORIZED TO SIGN TIMESHEETS

Please check all related areas:

WORKSITE REPRESENTATIVE SUPERVISOR KEY MANAGEMENT PERSONNEL

Last Name: _____ First Name: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Area of Supervision: _____

AUTHORIZED TO SIGN TIMESHEETS

The Department of Youth & Community Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.



WIOA Youth Programs Workforce Connect

Please check all related areas:

WORKSITE REPRESENTATIVE

SUPERVISOR

KEY MANAGEMENT PERSONNEL

Last Name: _____ First Name: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Area of Supervision: _____

AUTHORIZED TO SIGN TIMESHEETS

Please check all related areas:

WORKSITE REPRESENTATIVE

SUPERVISOR

KEY MANAGEMENT PERSONNEL

Last Name: _____ First Name: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Area of Supervision: _____

AUTHORIZED TO SIGN TIMESHEETS

Please check all related areas:

WORKSITE REPRESENTATIVE

SUPERVISOR

KEY MANAGEMENT PERSONNEL

Last Name: _____ First Name: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Area of Supervision: _____

AUTHORIZED TO SIGN TIMESHEETS

Please check all related areas:

WORKSITE REPRESENTATIVE

SUPERVISOR

KEY MANAGEMENT PERSONNEL

Last Name: _____ First Name: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Area of Supervision: _____

AUTHORIZED TO SIGN TIMESHEETS



WIOA Youth Programs Workforce Connect

JOBS & SCHEDULES

What is the total number of participants requested for this DYCD Contractor for this worksite? _____

 **Supervisor to participant ratio must at minimum be one (1) adult supervisor to twelve (12) Participants.**

What will be the number of Supervisors to Participants at this worksite? _____ : _____

Scheduled hours youth will be working at the Worksite (use the earliest and latest time the youth are working)

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From:		From:		From:		From:		From:		From:		From:	
To:		To:		To:		To:		To:		To:		To:	

CHECK IF YOUTH WILL HAVE ALTERNATE/STAGGERED WORK SCHEDULES

Duties & Responsibilities: Complete one section for EACH type of work assignment you propose. The description and requirements must be specific, non-exclusive and pertinent to the work activity. All job descriptions must demonstrate that a genuine work experience will be provided for up to 25 hours per week. **VAGUE, INCOMPLETE OR INACCURATE INFORMATION MAY RESULT IN THE DISQUALIFICATION OF YOUR ORGANIZATION AS A WORKSITE.** The total number of Participants in all job titles must correspond to the total number of participants requested to the worksite.

NOTE: The number of youth(s) assigned is subject to the availability of sufficient job slots, DYCD approval other pertinent information.

Job Title: _____

Duties (Give specifics):

Total # of participants assigned to these job duties: _____

Special requirements (i.e. age, experience, etc.)



WIOA Youth Programs Workforce Connect

Job Title: _____

Duties (Give specifics):

Total # of participants assigned to these job duties: _____

Special requirements (i.e. age, experience, etc.)

Job Title: _____

Duties (Give specifics):

Total # of participants assigned to these job duties: _____

Special requirements (i.e. age, experience, etc.)

Job Title: _____

Duties (Give specifics):

Total # of participants assigned to these job duties: _____

Special requirements (i.e. age, experience, etc.)



WIOA Youth Programs Workforce Connect

Does the worksite have all necessary work equipment, PPE (Personal Protective Equipment as required by CDC), supplies and space (social distancing 6ft) for the Participant to perform duties as described on this Worksite Application? **EXPLANATION REQUIRED:**

CERTIFICATIONS

Has this establishment been the subject of any federal, state or city investigations, criminal or civil action in the last five years?

No Yes; (if yes, provide all details, dates, and outcomes on a separate sheet that must be attached to this application.)

For Childcare related worksites referencing Form 1A of this application, the following items must be attached to this document for consideration to participate in the program. Please check the corresponding box below if the information has been attached for submission.

- a. Check here if you filled out the Trips & Field Work Schedule Request Form 1B; if not required, mark N/A _____
- b. Check here if you submitted a license/certificate with recent license number and expiration date; if not required, mark N/A _____

I understand by submitting this Worksite Application; I am not guaranteed participation in the Train & Earn Internship Program as a Worksite. I will be notified by the Train & Earn Provider to complete the necessary documents to become an official Train & Earn Worksite.

I hereby certify that all information provided in this application is accurate and complete to the best of my knowledge.

Signature of Worksite Supervisor

Title

Date

Program Year _____

**DYCD and all Contractors reserve the rights to decline participation with any business. All businesses must be in compliance with all Federal, New York City, New York State and Department of Labor regulations. Information provided may be used by the City of New York to improve City services or to access additional funding.*

The Department of Youth & Community Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.



SPECIAL PLAN ATTACHMENT (FORM 1A)

PLEASE CHECK THIS BOX IF N/A

DYCD Contractor: _____

Worksite Name and Address: _____

Please check all the corresponding boxes for your worksite:

Licensed Child Care Site

Out of City Worksite

Environmental/Nature Site

LICENSED CHILD CARE-RELATED WORKSITES

What type of facility do you operate? Day Care Day Camp Environment/Nature Site

What are the start and end dates of the program _____ to _____

How many younger children do you expect to service in your established this year? _____

Will Learn & Earn participants accompany younger children on trips or outings? No Yes (if Yes, Complete Form 1b)

Will participants be fingerprinted? No Yes

License Number: _____ License Expiration Date: _____

***Worksites that schedule trips MUST submit a Trips & Field Work Request Form 1B**

OUT-OF CITY WORKERS

Are participants required to stay overnight? No Yes

Describe overnight housing arrangements for participants?

Describe the non-work hours activities:



WIOA Youth Programs Workforce Connect

How are participants transported to/from this worksite and New York City?

Describe the meal plan for participants during their workday at this site.

SPECIAL PLAN FOR ENVIRONMENTAL/NATURE WORK ASSIGNMENTS

Please describe the plan outcome for the project(s):

Exact boundaries of the area of the project(s):

Describe types of equipment to be used and projected plan of supervision while equipment is in use:



TRIPS & FIELD WORK REQUEST (FORM 1B)

PLEASE CHECK THIS BOX IF N/A

DYCD Contractor: _____

Worksite Name and Address: _____

List the following information for all trips:

	Date	Time		Trip Location (include address)	# of participants attending the trip	Will this trip exceed youth(s) regular hours?	Number of supervisors remaining at worksite?	Number of SIP participants remaining at worksite?
		From	To					
T								
R								
I								
P								
S								
C								
E								
D								
U								
L								
E								



WIOA Youth Programs Workforce Connect

List the names and titles of the supervisors taking the trip:

Name	Title

The ratio of adult counselors to children, eight (8) years of age and older, is 1:12. For children six (6) to eight (8) years of age, the ratio is 1:9. For children less than six (6) years of age, the ratio is 1:6. **NOTE: Adult counselors must be at least 18 years of age with prior youth counseling experience. Day Camps must submit a copy of their most recent school- aged childcare license and/or overnight camp permit.**

Please attach a copy of the Parental Consent Form that will be used and the Trip Schedule

ENVIRONMENTAL OUTINGS LOCATIONS

If work assignments involve outdoor activities, traveling, clean-up, beautification (Special Form 1A) list alternate locations. Include plans for participants work location and activities during inclement weather.

Alternate Work Locations	Planned Activities

Inclement Weather Plan:

Number of Supervisors remaining at worksite: _____ Number of participants remaining at worksite: _____

Completed By: _____	Title: _____	Date: _____
----------------------------	---------------------	--------------------

Program Year _____

The Department of Youth & Community Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.