



CITY OF ALTON
Civil Service
101 East Third Street, Room 100
Alton, IL 62002

**City of Alton Youth Employment Program
10 Week Summer Work Program**

Requirements:

- Ages 16-19
- Alton Residents Only
- Qualifying Low to Moderate Household Income
- Rate of Pay is \$8.50 per hour
- 32 hours per week (M-F, 8am-4:30pm)

The following **must be submitted** to the Civil Service Office by 5:00pm on May 3, 2019:

1. Application
2. Madison County Community Development Income Verification Form
3. Documentation of Income

Deadline is 5:00pm May 3, 2019

Funds for the Youth Employment Program come from the U.S. Department of Housing and Urban Development Community Development Block Grant Program.



**CITY OF ALTON
SEASONAL EMPLOYMENT APPLICATION**

POSITION: Youth Employment Program

PERSONAL INFORMATION:

LAST NAME FIRST NAME MIDDLE NAME

CURRENT ADDRESS CITY STATE ZIP

PHONE: _____ Email _____

- Are you at least 16 but not more than 19 years of age? **Yes** **No**
- Are you legally authorized to work in the United States? **Yes** **No**
- Are you capable of performing the functions of the job with **OR** without an accommodation? **Yes** **No**

EDUCATION:	Name of School	Last Year Completed	Graduated	Degree/Major
High School				
College/Tech School				
Other				

Please describe any education, training, experience, skills or qualifications that you feel are relevant to the job in which you are applying.

PERSONAL REFERENCES:

Name	Address	Phone

Please be sure to complete the reverse side of this form....

EMPLOYMENT HISTORY: (Please provide current/most recent employment first)

Military Service: (Branch) _____ Dates: _____ to _____

Name of Employer:	Job Title:
Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
	Reason for Leaving:

Name of Employer:	Job Title:
Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
	Reason for Leaving:

Name of Employer:	Job Title:
Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
	Reason for Leaving:

CERTIFICATE OF APPLICANT: I certify that all statements in this application are true and complete to the best of my knowledge and belief. I understand that any false information on this application may result in my dismissal as prescribed by law, or Civil Service Rules.

Signature _____ Date: _____

Madison County Community Development Income Verification

June 2018

1. Head of Household _____
2. Address _____
3. City _____
4. Telephone Number _____
5. Number in Household _____
6. Female Headed Household: Yes _____ No _____
7. Disabled: Yes _____ No _____

Race/Ethnic Group	Head of Household Race/ Ethnic Group	All other family members Race/Ethnic Groups
White		
African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Am. Indian/AK Native & Black/African Am		
Black/African American & White		
Other Multi-racial		
Asian/Pacific Islander		
Hispanic:		

9. Total Annual Household Income:

For a Household of 1:

- Below \$16,150
- Between \$16,151- \$26,900
- Between \$26,901- \$43,050
- At or above \$43,051

For a Household of 2:

- Below \$18,450
- Between \$18,451- \$30,750
- Between \$30,751- \$49,200
- At or above \$49,201

For a Household of 3:

- Below \$20,780
- Between \$20,781 - \$34,600
- Between \$34,601 - \$55,350
- At or above \$55,351

For a Household of 4:

- Below \$25,100
- Between \$25,101 - \$38,400
- Between \$38,401 - \$61,450
- At or above \$61,451

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For a Household of 5:

- Below \$29,420
- Between \$29,451 - \$41,500
- Between \$41,501 - \$66,400
- At or above \$66,401

For a Household of 6:

- Below \$33,740
- Between \$33,741 - \$44,550
- Between \$44,551 - \$71,300
- At or above \$71,301

For a Household of 7:

- Below \$38,060
- Between \$38,601 - \$47,650
- Between \$47,651 - \$76,200
- At or above \$76,201

For a Household of 8:

- Below \$42,380
- Between \$42,381 - \$50,700
- Between \$50,701 - \$81,150
- At or above \$81,151

CERTIFICATION: I certify that the information that I have provided above is an accurate and complete disclosure of the requested information. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. I authorize Madison County, HUD and delegate agencies to verify this information and by my signature authorize the further dissemination of such information as may be required for the determination of my eligibility. I understand that filling out this form does not guarantee that my household will receive assistance.

Signature Head of Household _____ Date _____

Program Name or Activity _____

Name of Program Participant _____

Non-Discrimination: It is the policy of this agency to serve persons eligible for its client services without regard to race, color, national origin, ethnic group, sex or age.

INCOME DOCUMENTATION

TYPES OF INCOME	ACCEPTABLE TYPES OF DOCUMENTATION
WAGES	<p>Check stubs (covering the 30 day period) that indicate the source, payee's name or verified social security number, time period and gross amount;</p> <p>Statement of affidavit from the Employer; or Income Statement.</p>
SELF EMPLOYMENT	<p>Self Employed Income Worksheet that will calculate net income. Ledgers, check stubs, receipts, and proof of expenses must be provided as documentation.</p>
SOC SEC, SSI* *SSI - some monthly amounts change.	<p>Copy of check for current monthly amount;</p> <p>Awards Letter from Social Security Administration (use net amount on letter);or</p> <p>Bank Statement, Direct Deposit Slip - must show person's name, type of deposit, date and the amount.</p>
UNEMPLOYMENT	<p>Check stubs covering the 30 day period;</p> <p>Letter from Division of Employment and Security showing weekly benefit amount, (The Income Affidavit is used along with this letter to document the specific 30 day period); or</p> <p>Check stub(s) and Income Affidavit documenting the 30 day period.</p>
TANF DO NOT SEND APPLICANTS TO THE LOCAL DHS OFFICE FOR TANF or AABD VERIFICATION!!!	<p>Current "Medical Card Only" if no other income is being received by a recipient and all children are under 18 years old(USE TABLE OF MONTHLY ALLOWANCES TO DETERMINE THE MONTHLY GRANT AMOUNT RECEIVED); or</p> <p>DHS Verification of Income Form.</p>
AABD	<p>Current "Medical Card" and DHS Verification of Income Form.</p>

TYPES OF INCOME	ACCEPTABLE TYPES OF DOCUMENTATION
<p>OTHER INCOME: VA, Pension, Railroad Ret. (gross amounts are used for these types of fixed income.)</p> <p>Interest</p> <p>Rental Income, Child Support, Workmen's Compensation, Alimony, Strike Benefits, & Sick Pay</p>	<p>Copy of Check for current amount;</p> <p>Letter from Veteran's Administration; or</p> <p>Bank Statement or Direct Deposit Slip - must show person's name, type of deposit, date and the amount.</p> <p>*****</p> <p>Bank Statement or Income Statement for the previous 30 days; or</p> <p>Annual Statement divided by 12 to get the 30-day amount (also used the Income Affidavit with this method).</p> <p>*****</p> <p>Copy of check(s), rent receipt(s), or court order;* or</p> <p>Letter of statement from the appropriate source stating the amount received during the 30 day period.</p> <p>*THE INCOME AFFIDAVIT MUST BE COMPLETED TO DOCUMENT THE 30 DAY PERIOD IF THESE DOCUMENTS DON'T.</p>