

Saratoga County Department of Employment & Training
Workforce Investment Act (WIA)
WORKSITE APPLICATION

Summer Youth Employment Program: July 10, 2012 – August 31, 2012
*** PLEASE RETURN BY May 1, 2012 ***

I. AGENCY REQUESTING ASSISTANCE

A) AGENCY NAME: CITY OF SARATOGA SPRINGS
ADDRESS: SLAKE AVENUE SARATOGA SPRINGS NY 12866
CONTACT Name/ Title: COMMISSIONER SCIROCCO PHONE: (518) 587-3550 EXT 2961
FAX: (518) 587-2417 E-MAIL: SKIP.SCIROCCO@SARATOGA-SPRINGS

B) DESCRIPTION OF AGENCY

(Type of agency/ experience with WIA employment): GOVERNMENT

II. JOB DESCRIPTION

A) THE JOB DESCRIPTION SHOULD BE DETAILED AND SPECIFIC AND MUST CONTAIN THE FOLLOWING INFORMATION: (A blank form exists at the end of this application for your convenience, or you may attach your own.)

- 1) Job Title and # positions requested
- 2) Examples of Work
- 3) Basic skills, work readiness and occupational skills utilized
- 4) Required knowledge, skills and abilities
- 5) Special Requirements

III. SUPERVISION

Immediate supervisor: GARY BENICASA Phone: 365-8890
Title and Qualifications: SUPERVISOR
Alternate supervisor: TIM COGAN Phone: 337 7215
Title and Qualifications: DEPUTY COMMISSIONER

IV. SAFETY

Saratoga County DET is very concerned with the safety of our participants. Strict adherence to safety procedures is expected at all times. Participants must be provided with safety equipment where appropriate (e.g. safety glasses, work gloves, reflective vests). Any specialized training required to enable participant to safely and satisfactorily perform on the job is the responsibility of the worksite.

There are limitations on employment of minors for WIA Youth programs. Please reference the Division of Labor Standards, Laws Governing the Employment of Minors handbook. Copies of the handbook can be obtained from Saratoga DET if needed.

V. SCHEDULE

For WIA Youth programs, employment of minors carries specific rules for when youth can/cannot work. Please reference the NYS Department of Labor website or Division of Labor Standards, Laws Governing the Employment of Minors handbook for specifics.

A) Schedule requested for participants assigned to your site:

	BEGIN (note am or pm)	LUNCH BREAK (if required*)	END (note am or pm)
Monday	7 AM		12 PM
Tuesday	7 AM		12 PM
Wednesday	7 AM		12 PM
Thursday	7 AM		12 PM
Friday	7 AM		12 PM
Saturday			
Sunday			

*NYS Labor Law states that the noonday meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noonday meal period is entitled to at least a thirty minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.

B) Are provisions made for inclement weather?

YES NO N/A

Please state what the participants will do in case of inclement weather:

For WIA Youth programs, Saratoga DET will send copies of the attached "This is my Worksite Assignment" to youth assigned to your worksite. Please complete a "Worksite Assignment" form for each job title requested.

Did you complete the enclosed "Worksite Assignment" Form?

YES NO

VI. FUNDING

A) Does your agency have funds from any other source for the position requested?

YES NO

B) Has this position ever been funded through any other source?

YES NO Other funding source: _____

C) Do any layoffs or work stoppages exist at your agency?

YES NO

VII. TRANSPORTATION

A) Is travel involved in this position?

YES NO

B) If yes, is transportation provided for this position?

YES NO

VIII. EQUAL EMPLOYMENT OPPORTUNITIES

A) Is your agency or worksite accessible to the handicapped?

N/A YES NO

B) Is there a grievance procedure in place in your agency?

YES NO

IF NO, interested parties and participants are entitled to use DET's grievance procedure.

C) Is your agency aware of Workforce Investment Act's special emphasis on serving women, minorities, offenders, handicapped, public assistance recipients, older workers, youth, veterans and other disadvantaged groups?

YES NO

NOTE: WIA Sub-recipients cannot discriminate with respect to any participant because of race, creed, color, national origin, sex, political affiliation or belief.

IX. CERTIFICATE OF INSURANCE

Saratoga County requires that each worksite applicant meet specific liability provisions. Please submit your insurance certificate with the application.

Your application will not be considered without this insurance certificate on file.

Is the Certificate of Insurance enclosed or already on file with Saratoga DET for another program? YES NO

If not, please explain: _____

X. SIGNATURE

The agency's authorized representative hereby certifies that the information in this application is correct to the best of his/her knowledge and belief. The agency further certifies that compliance with applicable labor laws is the responsibility of the worksite.

Anthony J. Quinn
Signature of Authorized Agency Representative

5/4/12
Date

Anthony Skip Servedo
Typed/ Printed Name of Authorized Agency Representative
COMMISSIONER OF PUBLIC WORKS