

2025 SUMMER EMPLOYMENT PACKET ~ DIRECTIONS

****DO NOT PRINT THIS APPLICATION DOUBLE SIDED****

You must be 14 (by Wednesday, June 4th) to 21 years of age, and a year round White Plains resident, to apply for a summer job. If you are 14-17 you must have a valid work permit.

APPLICATION DEADLINE FRIDAY, JUNE 6th @ 5PM

NEED HELP with the Application or Resume:

- If you attend WPHS and need help with ANY portion of the application, or writing a resume, see Janet Spencer or Celeste Lombino in the WPHS YES office in H-cafeteria.
- If you do not attend WPHS & need help with completing the application or writing a resume please contact Patti Staffiero at (914) 422-6722 or pstaffiero@whiteplainsny.gov to schedule an appointment prior to June 2nd.

PRACTICE for Job Fair interviews:

- **Current WPHS students** - We will hold a workshop at White Plains High School on Thursday, June 5th, all lunch periods, in the College & Career Center if you would like to practice and get tips for your job interviews @ the Job Fair.

SUBMITTING Your Application:

- **Current WPHS students-** Submit your completed applications to the WPHS YES office in H-cafeteria Monday-Friday from 3rd period to 3:30pm.
- **All other youth residents** - Submit your completed application to Patti Staffiero at the WP Community Center located on 65 Mitchell Place, Monday-Friday 3-5pm. **Please note proof of residency in the form of a Con-Ed bill, tax bill or lease will need to be provided.**
- **As per the district calendar, school will be closed on Friday, May 23rd & Tuesday, May 27th.** On these two days only, applications may be submitted to the WP Community Center, 65 Mitchell Place, 9-4pm with valid WP school ID or proof of residency in the form of a Con-Ed bill, tax bill or lease.

Dates of Employment:

- **Summer employment runs Tuesday, July 1st – Friday, August 8th.**

Job Fair

- Once you have submitted your application, identification, and resume, you will be invited to the Job Fair, **Friday, June 13th, 3-5pm at the Sonesta Hotel, located on 66 Hale Avenue in White Plains.** You **MUST** attend the Job Fair to be considered for a summer job.

Job Notification

- On Wednesday, June 18th after 4pm you will receive an email regarding your employment status and next steps. Check your spam folder for both email addresses you provide in case you don't see the email in your inbox.
- Please note for those 14-17, one additional form will need to be signed by your parent/guardian & notarized if you receive a summer placement. You will be unable to start working without that form being submitted.

Orientation

- Youth Employment will hold **mandatory** orientation sessions prior to the start of your job placement. You **must** attend one of the following orientations:

DATE	TIME	LOCATION
Tuesday, June 24 th	2:30-6:30pm	Community Center – 65 Mitchell Place
Friday, June 27 th	12:30-4:30pm	Community Center – 65 Mitchell Place
Monday, June 30 th	11:30am-3:30pm	Community Center – 65 Mitchell Place

APPLICATIONS ONLY ACCEPTED IN BLUE OR BLACK INK. WRITE NEATLY!

<u>Name</u>	<u>School & Grade</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Ethnicity</u>
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_____ W-4 Form

_____ NYS Certificate of Exemption from Withholding Form

_____ I-9 Form

_____ Provide for the I-9 a copy of a document from List A and if unable to provide a copy of a document from list A then you must provide 1 copy of a document from both List B & List C

_____ Retirement System Form (Yes or No)

_____ Code of Ethics, Personnel Policies & Healthcare Exchange Receipt

_____ Summer Employment Application (*Print & sign using your full legal name*)

_____ Job Request Form

_____ Work Permit (*original will be kept on file for those who receive summer placements & returned at the end of the summer*)

_____ Resume (*You can use format included*)

_____ Direct Deposit (Yes or No)

_____ Medical History/Release

_____ Photo/Liability Release

_____ Youth Availability Agreement

_____ Disclosure & Consent Form (***ONLY** to be completed by youth 18 & older*)

FOR APPLICANTS WHO DO NOT CURRENTLY ATTEND WPHS OR WPMS

Provide proof of residency with a **Copy** of **ONE** of the following:

- current CON EDISON bill
- PROPERTY TAX BILL or LEASE

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.**

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Certificate of Exemption from Withholding

New York State • New York City • Yonkers

IT-2104-E

This certificate will expire on April 30, 2026.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

- Group A**
- you must be under age 18, or over age 65, or a full-time student under age 25; and
 - you did not have a New York income tax liability for 2024; and
 - you do not expect to have a New York income tax liability for 2025 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

- Group B**
- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA). See *Military spouses*.

If you **do not meet all** of the conditions in either Group A or Group B above, **stop**; you cannot claim exemption from withholding (see *Note* on page 2).

First name and middle initial	Last name	Social Security number	Filing status: Mark an X in only one box
Mailing address (number and street or PO Box)	Apartment number	Date of birth (mmddyyyy)	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
City, village, or post office	State	ZIP code	C Qualifying surviving spouse or head of household with qualifying person..... <input type="checkbox"/>

Are you a full-time student?..... Yes No Are you a military spouse exempt under the SCRA? Yes No

I certify that the information on this form is correct and that, for the year 2025, I expect to qualify for exemption from withholding of New York State income tax under Tax Law § 671(a)(3) or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

Employee's signature (give the completed certificate to your employer)	Date
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Employer: complete this section only if you must send a copy of this form to the New York State Tax Department (see instructions).

Employer name and address	Employer identification number
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Mark an **X** in the box if a newly hired employee or a rehired employee

First date employee performed services for pay (mmddyyyy) (see instructions):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mmddyyyy):

Instructions

Employee

Who qualifies

To qualify to claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you **must meet all** the conditions in either Group A or Group B.

Group A

To qualify under Group A, you **must meet all three** of the following conditions:

- You are under age 18, or over age 65, or a full-time student under age 25.
- You did not have a New York income tax liability for 2024.
- You do not expect to have a New York income tax liability for 2025 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

To qualify under Group B, you **must** meet the conditions in the Servicemembers Civil Relief Act (SCRA). See *Military spouses*.

How to claim the exemption

If you meet the conditions in Group A or Group B, submit Form IT-2104-E to your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. **Do not** send this certificate to the Tax Department. **If you wish to continue to claim the exemption, you must submit a new certificate to your employer each year.**

Filing status: Mark an **X** in one box on Form IT-2104-E that shows your present filing status for federal purposes.

The Tax Department may impose a **penalty of \$500** for furnishing false information that decreases your withholding amount.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):
07/01/2025

Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name: **City of White Plains Youth Bureau** | Employer's Business or Organization Address, City or Town, State, ZIP Code: **11 Amherst Place, White Plains, NY 10601**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/I-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>		<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Thomas M. Roach
Mayor



Angela Sapienza, Esq.
Personnel Officer

Christopher S. Burkart
Deputy Personnel Officer


DEPARTMENT OF PERSONNEL
255 MAIN STREET * WHITE PLAINS, NEW YORK, 10601
Tel: (914) 422-1257 * Fax: (914) 422-6496 * www.cityofwhiteplains.com
"THE BIRTHPLACE OF THE STATE OF NEW YORK"

TO: Employees (Non-permanent/Part-time)
FROM: Angela Sapienza, Personnel Officer
SUBJECT: NOTICE OF RIGHT TO JOIN THE N.Y.S.
EMPLOYEES' RETIREMENT SYSTEM

The enclosed notice informs you of your right to join the New York State Employees' Retirement System. If you decide to join the Retirement System now, you will be enrolled as a member of Tier 6. In making your decision, you should consider the following:

1. You must contribute 3-6% (based on your salary) of your salary which will be deducted from your paycheck.
2. **Vesting** - Members of NYS Retirement System only need 5 years of service credit to be vested.
3. **Extended Death Benefit - Chapter 388, Laws of 1998, effective July 17, 1998**
This legislation provides that members who discontinue service with 10 or more years of credit, who die on or after January 1, 1997, are not retired, and not otherwise eligible for the payment of a death benefit, are now eligible for a death benefit equal to ½ of the death benefit that would have been payable if the member had died on their last day of covered public employment. The benefit will be paid to the individuals last named beneficiary, or in the absence of a living beneficiary, to the member's estate.

Please read, sign and return the attached form indicating your decision to join the Retirement System. If you decide to join, or have any questions, please call the Personnel Department to make an appointment to enroll at (914) 422-1259. Additional information is available at www.osc.state.ny.us.



Angela Sapienza
Personnel Officer

**DEPARTMENT OF PERSONNEL
CITY OF WHITE PLAINS**

NOTICE OF RIGHT TO JOIN THE NYS EMPLOYEES' RETIREMENT SYSTEM

Please read the information below carefully before deciding whether or not you wish to join the Retirement System; then check the appropriate box and sign your name.

If you are not a permanent, full time employee, joining the Retirement System is optional.

If you choose to join the Retirement System, your membership cannot be withdrawn and 3% or more of your wages will be deducted each pay day as your contribution towards retirement benefits. The City will also contribute towards your retirement.

If you do not join the Retirement System now, and subsequently your status changes to permanent employment so that you are required to join the Retirement System, 3% or more of your wages will then be deducted from your pay. You may be eligible to receive credit for your prior service. If you believe you are eligible to receive credit for prior public service covered by the NYSRS, please notify the Personnel Department.

Please check one of the following:

- I have read the information above and wish to join the NYS Employees' Retirement System. I understand that 3% or more of my wages will be deducted from my pay. (Retirement Enrollment Form must be completed; contact the Personnel Department).
- I have previous or current membership in the NYS Employees' Retirement System. Dates: _____ Tier: _____ and Registration # _____ or Retired: _____. (Do not report to NYS Teachers Retirement)
- I have read the information above and **DO NOT** wish to join the Employees' Retirement System. I waive my right to do so. I understand that should permanent status be granted, I must join and the current 3% or more employee contribution will be deducted each pay day.

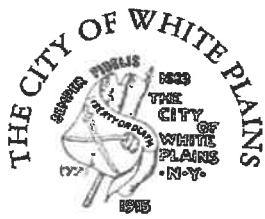
Employee Name (please print)

Social Security #

Signature of Employee

Date

Department



**CODE OF ETHICS, PERSONNEL POLICIES AND THE
HEALTHCARE EXCHANGE NOTICE RECEIPT
AND EEOC REPORTING**

This form is intended to notify newly hired employees of certain terms of employment as required by law and to collect information related to the mandatory reporting by the United States Equal Employment Opportunity Commission (EEOC).

255 MAIN STREET
WHITE PLAINS, NY 10601

This form should be submitted to the Personnel Department after an acceptance of an offer of employment. The information contained on this form is not part of the employment application and is not used in selection for employment.

You will receive your pay by direct deposit to the account(s) and institution(s) of your choice, unless you specifically request payment by paper check. Direct deposits are typically processed faster than paper checks and eliminate the need for a trip to the bank.

EMPLOYEE NAME: _____ DEPT: YOUTH BUREAU
(PRINT)

CODE OF ETHICS: I have received a copy of the White Plains Code of Ethics on the date set forth below

EMPLOYEE SIGNATURE: _____ DATE: _____

PERSONNEL POLICIES: I have received a copy of the White Plains Personnel Policies on the date set forth below

EMPLOYEE SIGNATURE: _____ DATE: _____

HEALTHCARE EXCHANGE NOTICE: I have received a copy of the Healthcare Exchange Notice on the date set forth below

EMPLOYEE SIGNATURE: _____ DATE: _____

WE REQUIRE THE FOLLOWING INFORMATION IN ACCORDANCE WITH EEOC REPORTING:

The information supplied will in no way affect your employment candidacy.

GENDER: Male Female

RACE/ETHNICITY: Please check **one** only:

- | | |
|---|--|
| <input type="checkbox"/> W - White / Caucasian (Non-Hispanic origin) | <input type="checkbox"/> A - Asian |
| <input type="checkbox"/> B - Black / African American (Non-Hispanic origin) | <input type="checkbox"/> I - American Indian or Alaskan Native |
| <input type="checkbox"/> H - Hispanic or Latino | <input type="checkbox"/> N - Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> X - Two or more Races (Non Hispanic) | |

SPECIAL STATUS: Veteran Exempt Volunteer Firefighter

Original to Personnel with PPAF
Copy in Dept Files

(App # - for staff use only)

Youth Name: _____

Home #: _____ Date of Birth: _____

Cell #: _____ Age: _____

★ Print Neatly – you will get notified if you’ve received a job via email only ★

YOUTH SCHOOL EMAIL ADDRESS: _____

YOUTH PERSONAL EMAIL ADDRESS: _____

Job Fair Interview Request Form

Please fill out this form thoroughly and completely:

1. Review the YES Summer Classified Ads.
2. **Pick 3 jobs** to interview for that you feel you would enjoy doing for the summer (this form will not be accepted with fewer than 3 choices). **Do not choose the position you held last summer.**
3. The 3 job choices you indicate on this form will be the jobs you will interview for at the **Job Fair on Friday, June 13th, 3-5 PM @ The Sonesta Hotel, located on 66 Hale Avenue in White Plains.**

Name of Employer:

Name of Position

Job #

Example

Clerk’s Office _____

Assistant Clerk _____

C1 _____

City of White Plains Youth Bureau - Youth Employment Services - Sample Resume

Jackie Dominguez
452 North Broadway
White Plains, New York 10606
(914) 979-9792 ~ jsdominguez@gmail.com

EDUCATION:

White Plains High School, White Plains, NY

Expected graduation: June 2025

WORK EXPERIENCE:

Old Navy, Port Chester, NY

July 2024-Present

Sales Associate

Responsible for assisting customers and recovering store in the evening.

White Plains Youth Bureau, White Plains, NY

July 2023-August 2023

Clerical Assistant, Planning Dept.

Responsibilities included filing, photocopying and answering phones.

White Plains Youth Bureau, White Plains, NY

July 2022-August 2022

Clerical Assistant, Senior Center

Responsibilities included assisting seniors with program registrations, data entry, and answering phone calls.

VOLUNTEER EXPERIENCE:

Mayors Youth Council, White Plains Youth Bureau, White Plains, NY

May 2022-Present

Participate in a variety of community service activities and meet with the Mayor on a quarterly basis to discuss issues which affect White Plains teens.

Midnight Run Club, White Plains High School, White Plains, NY

September 2021-Present

Collect clothing and food and distribute to homeless individuals in New York City.

EXTRACURRICULAR ACTIVITIES:

Member of the Track Team, White Plains High School, White Plains, NY

June 2022-Present

AWARDS & RECOGNITION:

PTA Community Service Award

May 2024

SPECIAL SKILLS:

Bilingual English/Spanish

Proficient in Microsoft Office

Sample

Direct Deposit Authorization Forms

If you have a bank account, you can go online or to your bank to get a print out of the Direct Deposit Authorization form. If you are opening a new bank account, the bank will provide the Direct Deposit Authorization form.

Here are a few samples of what that form can look like depending on your bank:

Bank of American Sample

Bank of America
Non-Federal Direct Deposit Enrollment Request Form
Authorization agreement for automatic deposits (ACH credits)

Instructions for Contributor/ Employer:

- Ensure correct form is completed, then sign and date.
 - Use the ABA routing number from the bank where your account was opened.
- Employer/Company should receive this form for completion and submission of Employer/Company to payor or payee. This card has an account type number and ABA routing number below in the appropriate box.
- Most forms already in Employer/Company files. It is not necessary for employer to contact to return this form to the bank since direct deposit is set up into the payroll system.

Employer / Company Name: _____
City: _____ State: _____ Zip: _____
Address: _____

I am submitting this direct deposit form to authorize my direct deposit to my Bank of America Checking, Savings, Money Market, or other financial institution and to grant the bank to debit my account. I am acknowledging that the originator of the ACH transactions for my pay is not a financial institution, and the payments of up to \$1,000 per pay period.

Bank of America
Account type: Checking Savings Money Market Other
ABA Routing Number: _____
Deposit Amount: _____ % of Gross Pay or Amount: or Remaining

Account type: Checking Savings Money Market Other
ABA Routing Number: _____
Deposit Amount: _____ % of Gross Pay or Amount: or Remaining

Account type: Checking Savings Money Market Other
ABA Routing Number: _____
Deposit Amount: _____ % of Gross Pay or Amount: or Remaining

I agree to which I am not entitled and payable to my account. I authorize the Company to debit my bank's account to which I am not entitled and payable to my account. This authorization is irrevocable for the duration of the term and to which I am not entitled. This authorization will remain in effect until Employer/Company has received written notification from me of its termination in such time and in such manner as to effect Company and Employer notification a reasonable representative of each.

First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____ Job Number: _____

NOTE: Written authorization must be provided that the receiver may require the authorization only by notifying the originator in the manner set forth in the authorization.

CHASE Sample

CHASE
Save Time with Direct Deposit
It's safe, simple and it saves time.

Employer Direct Deposit Sign-Up Form

Take this completed form to your employer's payroll department to request direct deposit of your payroll check.

Why Direct Deposit?

It's convenient and it saves time.

- No more waiting for your check to be mailed.
- No more waiting for your check to be cashed.
- Your money is available in your account on payday.

It's safe and secure.

- Your money is protected by FDIC.
- Your money is protected by FDIC.
- Your money is protected by FDIC.

It's simple... here's how.

• Payroll checks
• Direct deposit
• Direct deposit

I authorize (name of business) _____ and my bank to automatically deposit my payroll check and my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

TD Bank Sample

TD Bank Direct Deposit Authorization Form

TD Bank makes setting up direct deposit easy with this convenient, pre-filled form. There are two types of direct deposit enrollment available: Federal Government Benefits Compensation and Payroll Compensation. Steps to enroll for each are outlined below.

1. Federal Government Benefits Compensation.

Fill out the direct deposit of your federal benefits payment to each of the following (use the information on the Federal Form):

- To the U.S. Department of the Treasury, Internal Security, at _____
- To the U.S. Department of the Treasury, Internal Security, at _____

You'll need to provide:

- Your federal benefits check number
- TD Bank routing number
- Amount of your direct deposit benefit check
- TD Bank account number

2. Payroll Compensation

Complete and sign this direct deposit form and give it to your employer's payroll representative. It's that easy. Includes name and address.

Enrollment - PBA

Enrollment ID: _____
Enrollment ID: _____
Enrollment ID: _____

Please Sign at least two places, the above and either inside or outside the circle. Please use the correct side of the form.

Print the following:
 I am not a U.S. citizen.
 I am a U.S. citizen.

TD Bank
100 Bank of America Plaza
Charlotte, NC 28203
Tel: 704.765.1000
Fax: 704.765.1000

MEDICAL HISTORY/RELEASE

To be completed by parent/guardian

Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____ Phone #: _____

Is your child's health generally good? Yes No If not, describe according to chart:

Is child subject to:	Allergies:	Food Allergies:	History of Disease:
<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Other Tree Nuts	<input type="checkbox"/> Measles
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other (please list below)	<input type="checkbox"/> German Measles
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Other Medications		<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Fainting Spells			<input type="checkbox"/> Haemophilus
<input type="checkbox"/> Asthma			<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hay Fever			<input type="checkbox"/> Influenza Type B

List chronic or recurring illnesses: _____

List current medications: _____

Restrictions on child's participation in activities: _____

Any other issue/concern that we should be aware of: _____

Does your child require an EpiPen, asthma inhaler and/or Benadryl: Yes No

HOSPITAL RELEASE/PERMISSION SLIP

Doctor's Name: _____ Phone #: _____

Parent/Guardian Work Phones: Mother: _____ Father: _____

In the event of injury, I _____ grant permission to take my child _____

to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

Signature of Parent or Guardian: _____ Date: _____

HISTORIA MÉDICA/CONSENTIMIENTO

Ha de ser completado por el padre/guardián

Nombre de niño/a: _____ Fecha de nacimiento: _____

Nombre de Padre/Guardián: _____ Teléfono: _____

Es buena la salud general de su hijo/a? Si No Si no, describa usando la tabla:

Esta su hijo/a sujeto a:	Alergias:	Alergias de alimento:	Historial de enfermedades:
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Hiedra venenosa	<input type="checkbox"/> Maní	<input type="checkbox"/> Viruela
<input type="checkbox"/> Infecciones de oído	<input type="checkbox"/> Picaduras de insecto	<input type="checkbox"/> Otras clases de nueces	<input type="checkbox"/> Sarampión
<input type="checkbox"/> Convulsiones	<input type="checkbox"/> Penicilina	<input type="checkbox"/> Otro (por favor añadir)	<input type="checkbox"/> Sarampión alemán
<input type="checkbox"/> Caminar dormido/a	<input type="checkbox"/> Otras drogas		<input type="checkbox"/> Fiebre reumática
<input type="checkbox"/> Desmayos			<input type="checkbox"/> Haemophilus
<input type="checkbox"/> Asma			<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Fiebre del heno			<input type="checkbox"/> Influenza Tipo B

Anote enfermedades crónicas o recurrentes: _____

Anote medicamentos actuales: _____

Describe alguna restricción en la participación de actividades de su hijo/a: _____

Cualquier otro asunto/preocupación que debemos tener en cuenta?: _____

Necesita su hijo/a un EpiPen, inhalador para el asma y/o tomar Benadryl: Si No

PERMISO DE HOSPITAL/ HOJA DE PERMISO

Nombre del doctor: _____ Teléfono: _____

Número de teléfono del trabajo: Madre: _____ Padre: _____

En caso de herida, yo _____ doy permiso que lleven a mi hijo/a _____

a un hospital para recibir tratamiento, incluyendo evaluación de heridas, rayos x y el cuidado necesario.

Firma de Padre/Guardián: _____ Fecha: _____

CITY OF WHITE PLAINS YOUTH BUREAU RELEASE

1) RELEASE OF LIABILITY

In consideration of your acceptance of my child _____ for his/her participation in the activities/programs of the City of White Plains Youth Bureau, I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may be the result of strenuous activity or other causes related to these activities/programs. I agree to release and hold harmless the City of White Plains, its officials, officers, agents, employees, and volunteers, from and against any and all liability, damage or claim of any nature arising out of or in any way related to my child's participation in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expense whatsoever. I am advised to consult my child's physician before allowing my child to participate in any strenuous activity.

I have read, understand and agree with the terms of this release.

Signature of parent/guardian: _____ Date: _____

2) CONSENT OF PHOTO/VIDEO

I, _____, as parent/guardian hereby consent that the City of White Plains may videotape/photograph my child, _____, and use the images/audio for publication/broadcast/website. I waive any claim arising against the City of White Plains from the use of such images/audio within or without the City or any other media.

Signature of Parent/Guardian: _____ Date: _____

DEPARTAMENTO DE JUVENTUD DE LA CIUDAD DE WHITE PLAINS CONSENTIMIENTO

1) LIBERACION DE OBLIGACION

En consideración a la aceptación de mi hijo/a _____ a participar en las actividades/programas del Departamento de Juventud de la ciudad de White Plains, estoy de acuerdo que conozco los riesgos y peligros relacionados con estas actividades/programas incluyendo el daño corporal, el cual puede ser el resultado de actividades estrenuas u otras causas relacionadas a estas actividades/programas. Estoy de acuerdo en liberar y mantener indemne a la ciudad de White Plains, sus oficiales, agentes, empleados, y voluntarios de y contra cualquier y toda responsabilidad, daño o reclamo de cualquier naturaleza proviniendo de o de alguna manera en relación con la participación de mi hijo/a en estas actividades/programas, con excepción de aquellas causadas por pura negligencia de la Ciudad. Entiendo que la Ciudad de White Plains no provee seguro médico ni de accidente y que yo soy responsable de manera financiera por cualquiera costo médico. Se me sugiere consultar con el médico de mi hijo/a antes de permitir que mi hijo/a participe en cualquier actividad estrenua.

He leído, entiendo y estoy de acuerdo con los términos de esta liberación de obligación.

Firma del Padre/Guardián: _____ Fecha: _____

2) CONSENTIMIENTO DE FOTOGRAFIA/VIDEO

Yo, _____, padre/guardián de _____ mediante la presente doy consentimiento de que el Departamento de Juventud de la ciudad de White Plains tome video/fotografía de mi hijo/a y use tales imágenes/audio para publicaciones/ televisión/transmisiones/pagina de red. Despido cualquier reclamo que yo pueda tener contra la Ciudad de White Plains por usar tales imágenes/audio dentro o afuera de la Ciudad o también por otros medios de comunicación.

Firma del Padre/Guardián: _____ Fecha: _____



CITY OF WHITE PLAINS YOUTH BUREAU
OFFICE OF THE MAYOR
11 HAMHERST PLACE - WHITE PLAINS, NEW YORK 10601
(914) 422-1378 - FAX (914) 422-6489

THOMAS M. ROACH
MAYOR

FRANK WILLIAMS, JR., Ph.D.
EXECUTIVE DIRECTOR

ELIZABETH ALMONTE, MBA
DEPUTY DIRECTOR

YOUTH AVAILABILITY AGREEMENT

I _____ as the parent/guardian of _____ do agree and confirm that my child will be available for the entire 6 week YES summer employment program from **Tuesday, July 1st - Friday, August 8th**. I understand that if they accept a job and do not fulfill their 6 week obligation they will not be eligible for future summer employment opportunities & will lose their job placement upon returning from vacation.

Parent/Guardian Signature

Date

Parent/Guardian Email address

** Youth 18 & older can sign for self **

ACUERDO DE DISPONIBILIDAD JUVENIL

Yo, _____ como padre/madre/guardián de _____ estoy de acuerdo y confirmo que mi hijo/a estará disponible durante las 6 semanas completas del programa YES de empleo de verano, del **martes, 1^{ro} de julio – viernes, 8 de agosto**. Yo entiendo que, si mi hijo/a acepta el trabajo y no cumple con la obligación de las 6 semanas, no será elegible para oportunidades de empleo de verano en un futuro y perderán su empleo cuando regresen de vacaciones.

Firma del Padre/Madre/Guardián

Fecha

Correo electrónico de padre/guardián



DISCLOSURE AND CONSENT FORM FOR BACKGROUND INVESTIGATION

Requirement to Disclose: All candidates must complete Sections 1, 2 and 5. If you answer "YES" to any question in Section 2 you must complete Section 3 or Section 4* as applicable. Ask for additional sheets if needed.

SECTION 1

Last Name	First Name	Middle	Position Applying for	
Address	City	State	Zip	Telephone
Date of Birth	Social Security Number	Former Names/aliases/a.k.a		

LIST ALL OTHER RESIDENCES OVER THE PAST 5 YEARS: (attach additional 8 1/2 by 11 sheet if needed)

1) _____ 2) _____

Driver's License: (attach a copy)

SECTION 2: Use of Information Disclosed

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated individually on its merits. The City will take the following factors into consideration, among other things: the truthfulness of the candidate, the seriousness of the offense, the specific duties of the position, the bearing the offense will have on the ability of the person to perform such duties, the protection of property and the safety and welfare of individuals or the general public, the age of the offender, the time which has elapsed since the offense, any evidence of rehabilitation and good conduct, and any other pertinent factors. False, misleading or incomplete statements on the application or accompanying papers may result in termination. Pending criminal charges, in most cases, will result in a withdrawal of a conditional offer of employment until the charge reaches final disposition.

- 1) Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
- 2) Did you ever resign from any employment rather than face dismissal? Yes No
- 3) Have you ever been convicted of a misdemeanor? Yes No
- 4) Have you ever been convicted of a felony? Yes No
- 5) Have you ever forfeited a bail bond posted to answer any criminal charge (felony or misdemeanor)? Yes No
- 6) Are you now under charges for a misdemeanor? Yes No
- 7) Are you now under charges for a felony? Yes No

If you answered "Yes" to any of the questions above, you must give specifics for each conviction on Page 2. Ask for additional sheets if needed.

SECTION 3: Removal from Employment Explanation

Name of Employer: _____

Address: _____

Job Title: _____

Dates of employment: _____

Reason(s) for removal from employment: _____

Further explanation: (attach additional pages if necessary) _____

*This question refers to all crimes, violations or offenses in any jurisdiction, including Federal and military offenses, except minor traffic infractions. It also includes Juvenile Offender status convictions. You do not need to include adjudications of Juvenile Delinquency or Youthful Offender status or arrests that did not lead to a conviction.

DISCLOSURE AND CONSENT FORM FOR BACKGROUND INVESTIGATION

SECTION 4: Conviction and/or Pending Charges Explanation

Name of Crime: _____ Type: Misdemeanor Felony
Date of Crime: _____ Name and Location of the Court: _____
Adjudication: Guilty Not Guilty Dismissed
Year Convicted (if not pending): _____ Age at Time of Offense: _____
Name Offense Committed Under (if different than current): _____
Explain the circumstances of the offense: (attach additional pages if necessary) _____

List all evidence that exists regarding your rehabilitation: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not affect your fitness to perform the duties and responsibilities related to the position applied for: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not be a hindrance to the City's legitimate interest in protecting property, and the safety and welfare of specific individuals or the general public: (attach additional pages if necessary) _____

SECTION 5: Certification and Authorization to Access Additional Information

By my signature below,

I, _____, certify that information I provided on this form and
Print Name
any attachments is true, correct and complete.

I understand that providing false or incomplete information or withholding by omission or intention pertinent information may be cause for disqualification of my application for employment. I understand that the City of White Plains may contact other individuals to clarify and verify information supplied on this form.

I acknowledge and consent to a State and national criminal background investigation, which will include a fingerprint check to determine suitability for employment. Failure to meet the standards of the background investigation may result in disqualification.

I authorize law enforcement agencies, learning institutions (including public and private schools and universities), courts (federal, state and local), motor vehicle records agencies, my past and present employers, the military and other individuals and sources to furnish any and all information on me that is requested by the City of White Plains.

I agree that this Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the City of White Plains.

I acknowledge that I have read, understood and agreed freely to the requirements, consents, authorizations and their respective consequences described on this form.

Signature: _____ Date: _____

ADDENDUM

DISCLOSURE AND CONSENT FORM FOR BACKGROUND INVESTIGATION

SECTION 4: Conviction and/or Pending Charges Explanation

Name of Crime: _____ Type: Misdemeanor Felony
Date of Crime: _____ Name and Location of the Court: _____
Adjudication: Guilty Not Guilty Dismissed
Year Convicted (if not pending): _____ Age at Time of Offense: _____
Name Offense Committed Under (if different than current): _____
Explain the circumstances of the offense: (attach additional pages if necessary) _____

List all evidence that exists regarding your rehabilitation: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not affect your fitness to perform the duties and responsibilities related to the position applied for: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not be a hindrance to the City's legitimate interest in protecting property, and the safety and welfare of specific individuals or the general public: (attach additional pages if necessary) _____

Name of Crime: _____ Type: Misdemeanor Felony
Date of Crime: _____ Name and Location of the Court: _____
Adjudication: Guilty Not Guilty Dismissed
Year Convicted (if not pending): _____ Age at Time of Offense: _____
Name Offense Committed Under (if different than current): _____
Explain the circumstances of the offense: (attach additional pages if necessary) _____

List all evidence that exists regarding your rehabilitation: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not affect your fitness to perform the duties and responsibilities related to the position applied for: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not be a hindrance to the City's legitimate interest in protecting property, and the safety and welfare of specific individuals or the general public: (attach additional pages if necessary) _____

Signature: _____ Date: _____

2025 CLASSIFIED LIST

PAID SUMMER INTERNSHIP POSITIONS

The following positions are intended for high school and college age youth to pursue and explore potential future career interests.

A career is a long-term professional journey you may determine based on your passions. It is the path you embark upon to fulfill your professional goals and ambitions.

While ALL our summer positions will enable you to gain experience and money, the summer internships are designed to expose you to the everyday tasks that an individual in that career would perform and to introduce you to professionals in the given field to expand your network.

<p>MUST BE 18 YEARS OF AGE OR OLDER TO APPLY</p> <p>PAGE1. Community Housing Innovations, Inc. Homeownership Department <i>Outreach Coordinator</i></p> <p>1 youth needed (must be 18 years of age or older) to coordinate and schedule outreach events in the community. Assist with the design and execution of social media campaigns. Create and distribute content such as flyers, mailers and email campaigns. Develop new strategies for increasing awareness about CHI's homeownership services. Additional duties as assigned. Hours are Monday-Friday 10am-4pm.</p> <p>This internship is designed for youth who are interested in the following career areas: Nonprofit and Marketing/Public Relations.</p>	<p>MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p>PAGE2. Engineering/Code Enforcement <i>Clerical Assistant</i></p> <p>1 youth needed (must be 16 years of age or older) to assist with fielding calls from staff and the public, making copies and prints of maps and archived properties, filing, performing basic research and calculations and possible field duties that may include assisting survey crews, construction inspection and investigations.</p> <p>This internship is designed for youth who are interested in the following career areas: Civil Engineering, Mechanical Engineering, Chemical Engineering, Architectural Engineering and Environmental Engineering.</p>
<p>MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p>PAGE3. Family Services of Westchester HEAD START/EARLY HEAD START/ PRIME TIME & UNIVERSAL PRE-KINDERGARTEN <i>Program Assistant/Classroom Aide</i></p> <p>4 youth needed (must be 16 years of age or older) to work in the classrooms with the children. Responsibilities will include: playing/interacting in developmentally appropriate activities with young children, engaging in hands-on activities including arts and crafts, music, storybook reading, and outdoor games/sports. Youth will provide warm, nurturing support to children throughout the day and assist teachers. Must be patient, kind, energetic and love children.</p> <p>Hours are Monday-Friday 8am-2:30 pm. Youth will be asked to work in one of 2 locations North Street (next to White Plains High School), or The Center For All Ages (on North Broadway). Youth will be assigned to in either toddler classrooms or preschool special needs classrooms. A medical is required.</p> <p>This internship is designed for youth who are interested in the following career areas: Early Education, Special Education and Social Services.</p>	<p>MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p>PAGE4. Mayor's Office <i>Intern</i></p> <p>1 youth needed (must 16 years of age or older) with previous office experience. Duties will include: interacting with the public, responding to constituent inquiries, issue research, assistance in the planning and implementation of events or initiatives, assisting to improve the city's website ensuring that the information is compelling and useful to the user, answering phone calls, and attendance at meetings, as may be needed by the Mayor's office staff. Youth must be responsible, personable, reliable, able to work independently and have excellent communication skills. Hours are Monday-Friday 10am-5pm.</p> <p>This internship is designed for youth who are interested in the following career areas: Political Science and Public Administration.</p> <p>P5. Parking Department Traffic Division <i>Traffic Assistant</i></p> <p>1 youth needed to assist engineers in the operation and maintenance of the transportation facilities. Duties will include: data entry, filing surveys, and taking transportation related photographs in the field to prepare AAA annual reports.</p> <p>This internship is designed for youth who are interested in the following career areas: Transportation Engineering and Civil Engineering.</p>

2025 CLASSIFIED LIST

PAID SUMMER INTERNSHIP POSITIONS

<p>MUST BE 15 YEARS OF AGE OR OLDER TO APPLY</p> <p>PAGE6. Police Department <i>Clerical Assistant</i></p> <p>2 youth needed (must be 15 years of age or older) for: filing, data entry, answering phones, disseminating records to the public and preparing forms and spreadsheets. This is an exciting opportunity to meet and work alongside some of your local Police Officers.</p> <p>This internship is designed for youth who are interested in the following career areas: Criminal Justice and Public Safety.</p>	<p>P7. The Kensington Assisted Living <i>Activities Assistant</i></p> <p>3 outgoing youth needed to assist with recreational activities and provide companionship to senior citizens. Hours are Monday-Friday 10am-6pm. Interns will be required to get a Quanteferon blood test and provide the test results within 30 days prior to beginning the internship.</p> <p>This internship is designed for youth who are interested in the following career areas: Medical Field, Geriatrics, and Recreation Specialist.</p>
<p>MUST BE 15 YEARS OF AGE OR OLDER TO APPLY</p> <p>PAGE8. United Way of Westchester <i>Education Program Assistant</i></p> <p>1 youth needed (must be 15 years of age or older) to work within the Impact department. Duties include: tracking the inventory of products and donations, conducting internet research, making calls & sending emails to volunteers and corporate partners, assisting with the development of activities, organizing materials, and providing on-site support for summer STEM education program.</p> <p>Candidates should be proficient in Microsoft Office, especially Word and Excel. Must be comfortable working with different staff members, working independently, and able to complete assigned tasks in a timely manner. Candidates will be asked to lift boxes containing donations and should be able to lift 25 lbs. United Way of Westchester and Putnam is located at 336 Central Park Avenue.</p> <p>This internship is designed for youth who are interested in the following career areas: Nonprofit, Education and Social Services.</p>	<p>MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p>PAGE9. White Plains Hospital <i>Intern</i></p> <p>2 youth needed (must be 16 years of age or older) to work in various departments throughout the hospital. Interns will have the opportunity to escort patients and visitors, transport materials as needed, provide support to patients at the hospital for same day procedures, greet patients and visitors, and provide general assistance to hospital staff. Applicants over 18, will have the additional opportunity to work in the Emergency Department to serve as a liaison between patients, families and staff.</p> <p>To be considered for this internship, applications must be submitted by Thursday, May 15th. Youth will need to be available for a zoom interview afterschool on either Thursday, May 22nd or Friday, May 23rd to be considered.</p> <p>Proof of COVID and flu vaccination is required to apply. Medical clearance is required prior to beginning the internships. Hours and days are flexible up to 25 hours per week, but must be between Monday-Friday 9am-5pm.</p> <p>This internship is designed for youth who are interested in pursuing a career in all aspects of the Medical Field.</p>
<p>P10. White Plains Public Library <i>Digital Systems Intern</i></p> <p>1 youth needed to assist with fun hands-on projects including graphic design, digital art, 3D printing, and help with various tech setups at the library. Youth will also assist during programs and grow people skills while using the latest technology. Hours are Tuesday through Friday, 11:00am-4:00pm.</p> <p>This internship is designed for youth who are interested in the following career areas: Information/Digital Technology, Game Development, 3D Animation & Design.</p>	

PAID SUMMER EMPLOYMENT POSITIONS

Clerical Positions

<p align="center">C1. Clerk's Office <i>Assistant Clerk</i></p> <p>1 youth needed who is good with details to assist with scanning projects. Youth may also be assigned to other clerical duties within the department as needed. Accuracy is extremely important. Hours are Monday-Friday 10-4pm.</p>	<p align="center">MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p align="center">CAGE2. Family Services of Westchester HEAD START/EARLY HEAD START/ PRIME TIME & UNIVERSAL PRE-KINDERGARTEN <i>Program Assistant/Clerical Aide</i></p>
<p align="center">C3. El Centro Hispano <i>Clerical Assistant</i></p> <p>1 bilingual youth (must be fluent in Spanish) needed to work in an office environment. Duties include answering telephones, filing, computer work, and interacting with the public. Hours are Monday-Friday 12pm-7pm.</p>	<p>1 youth needed (must be 16 years of age or older) to work at FSW in a clerical capacity and will assist the Early Childhood staff with office needs as they prepare for the new school year. Bilingual in Spanish is a plus. Office duties may include: assisting with making phone calls to medical offices, assisting with maintaining children's electronic and paper files, assisting with the enrollment process, assisting with preparation of annual binders, copying documents, translating documents, and other tasks as assigned by supervisor.</p> <p>Hours are Monday-Friday 8am-2:30pm. Worksite will be at Rochambeau School on Fisher Avenue. A medical is required.</p>
<p align="center">MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p align="center">CAGE4. Highway Department <i>Assistant Highway Workers</i></p> <p>2 youth needed (must be 16 years of age or older) to assist with painting and cleaning of department equipment. Will also assist with maintenance of parks, and other tasks as assigned.</p>	<p align="center">C5. Housing Authority <i>Clerical Assistant</i></p> <p>1 youth needed to perform basic clerical duties such as: filing, typing, making labels, and answering phones. Applicants should have basic word processing and database skills and will be asked to arrange documents according to an established system. Hours are Monday-Thursday 8am-4pm.</p>
<p align="center">C6. Planning Department <i>Project Assistant</i></p> <p>1 youth needed to provide office support, such as: data entry, copying, filing, scanning and related work as required. Knowledge of office technology (Microsoft Word and Excel). Comfortable greeting visitors, and addressing routine inquiries on the phone and in person. Able to work with different staff members and personalities, work independently and be able to complete assigned tasks in a timely manner. Hours are Monday-Thursday 10:00am- 3:00pm.</p>	<p align="center">C7. Personnel Department <i>Clerical Worker</i></p> <p>1 youth needed to assist with mostly filing and scanning documents, moving boxes in and out of storage building as needed, typing, shredding, assisting with mailings, answering phones, and greeting employees and members of the public.</p>
<p align="center">MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p align="center">CAGE8. Public Works <i>Garage</i></p> <p>1 youth needed (must be 16 years of age or older) to assist in the Parts Room with reorganizing inventory, helping put away stock deliveries, sweeping, cleaning and some limited painting.</p>	<p align="center">C9. Public Library <i>TROVE Assistant</i></p> <p>5 youth needed to assist Librarians with the many activities in the Trove and EDGE during the summer. Youth will assist in shelving and pulling materials, general tidying up of The Trove and Edge, assisting to distribute summer meals to youth, supervising our teen volunteer programs Reading & STEM buddies, tracing, cutting and sorting materials for craft programs, and helping staff with various projects and programs. We are looking for candidates who: possess initiative and teamwork skills, have a mature and responsible manner, are helpful and enthusiastic, and enjoy working with children. Shifts will be either 10-6 or 11-7.</p>
<p align="center">Must be 14 OR 15 YEARS OF AGE TO APPLY</p> <p align="center">CAGE10. Youth Bureau <i>Entrepreneurship Program</i></p> <p>If you've ever thought about being your own boss or how your ideas could help others, our summer entrepreneurship program is for you! This summer, 12 motivated youth (must be 14 or 15 years of age) will be paid to come up with your own business ideas. Whether a product or service, this program will give you a chance to breathe life into your ideas. You'll learn how to create a social media presence, how to promote your ideas, and how to create a business plan among other foundations of entrepreneurship. Throughout these six weeks we will also visit various small businesses run by successful entrepreneurs so you can learn from and speak to those who have done what you seek to! If you have an idea or service you've been thinking about or simply like a challenge, join us this summer! No summer school candidates. Hours are Monday-Thursday, 10:00am-4:00pm, Friday 10:00am-3:00pm.</p>	<p align="center">MUST BE 14 OR 15 YEARS OF AGE TO APPLY</p> <p align="center">CAGE11. Youth Bureau Summer Career Academy <i>Workforce Preparation Program</i></p> <p>12 youth needed (must be 14 or 15 years of age) to participate in this great opportunity for those who are new to work. Youth will learn skills on how to become great employees. Youth will participate in activities that will allow them to practice living as a grownup in the real world, solving problems, finding apartments, finding jobs, and paying bills. Candidates must be willing to learn new things! No summer school candidates. Hours are Monday-Friday 10:00am-12pm and 1:30pm- 3:30pm, at the WP Youth Bureau.</p>

MUST BE 18 YEARS OF AGE OR OLDER TO APPLY

**CAGE12. Youth Bureau
Summer Career Academy
Program Assistant**

2 mature, responsible, college age students (**must be 18 years of age or older**) to help supervise 12 young people employed in the Summer Career Academy which is a workforce/life preparation job site for young people 14 and 15 years of age. Applicants should be able to relate to and interact with young people in a positive way and also be confident enough to manage a group of 6 on their own. Previous Summer Career Academy participation a plus. **Hours 10:00am-12pm and 1:30pm- 3:30pm, Monday-Friday.**

**MUST BE 15-17 YEARS OF AGE TO APPLY
RISING SOPHOMORES -SENIORS**

**CAGE13. Youth Bureau
Project Digital Jumpstart**

8 youth needed (**must be 15-17 years of age, rising sophomores through seniors**) to participate in a summer 3-credit course on Operating Systems Technology at The College of Westchester. Project Digital Jumpstart is designed to provide youth with the exposure, knowledge and troubleshooting skills needed to provide software support of personal computers. Youth will learn in a classroom setting the basic system administration of command line prompt and Windows operating systems for installing, configuring, upgrading, troubleshooting, and repairing desktop computer systems.

Hours are 10:30 am – 1:30 pm Monday- Thursday. Youth will be required to be available Monday, July 7th - Friday August 8th.

Maintenance Positions

MUST BE 16 YEARS OF AGE OR OLDER TO APPLY

**MAGE1. Youth Bureau
Bits n Pieces Camp
Custodian**

1 youth (**must be 16 years of age or older**) to perform clean-up and maintenance duties of the camp facilities. Responsibilities will include: accompanying staff to pick-up campers' lunches at WPHS; set up of the cafeteria area and clean-up after lunch. Youth will assist with other tasks as assigned by camp director. **Hours are Monday- Friday 9:30am-5:30 pm.**

Applicants must be available to attend orientation for Bits n' Pieces staff on Monday, June 30th 10am-12pm at Highlands School in the cafeteria.

MUST BE 16 YEARS OF AGE OR OLDER TO APPLY

**MAGE2. Recreation & Parks
Delivery/Maintenance Assistant**

1 youth (**16 years of age or older**) needed to assist at camp. Workday begins and ends at the Rec. & Parks Office. Youth will meet Rec & Parks staff at Recreation office to load the city vehicle with supplies and assist in the delivery of supplies to the camp sites. Other responsibilities will include, accompanying staff driver to deliver water and supplies to camps; picking up lunches. Those who apply must be flexible and enjoy working around children. **Employment dates are July 1st – August 8th. Must be available full camp season.** Hours are 7:30am – 1:30pm, Monday - Friday.

Applicants must attend mandatory orientation on Saturday, June 21st, 8:30am -1:30pm at Highlands Middle school cafeteria.

**M3. Parking Department
Maintenance Assistant**

2 youth needed to assist full-time staff with sweeping, cleaning and mopping of the municipal garage stairwells, landscaping tasks such as cutting grass and other maintenance duties as assigned.

Hours are Monday-Friday 7:30am-12:30pm with a 15 minute break no lunch hour. Youth must be willing and able to work the early morning shift, no summer school candidates.

Child Care/Summer Camp Positions

MUST BE 18 YEARS OF AGE OR OLDER TO APPLY

**SAGE1. Youth Bureau
Bits n' Pieces Camp
Head Counselors**

2 youth needed (**must be 18 years of age or older**) as head counselors. Must be mature, patient, and have lots of energy. Responsibilities will include: supervision of campers as they transition to various programs/activities, and assisting classroom instructors. Counselors will assist in the supervision of swimming pool activities, and are required to enter the pool with the children. **Experience working with elementary school children is preferred.** Hours are Monday-Friday 8:30am-4:30pm.

Applicants must be available to attend orientation for Bits n' Pieces staff on Monday, June 30th 10am-12pm at Highlands School in the cafeteria.

MUST BE 16 YEARS OF AGE OR OLDER TO APPLY

**SAGE2. Youth Bureau
Bits n' Pieces Camp
Assistant Counselor**

4 youth needed (**must be 16 years of age or older**) as an assistant counselor. Must be mature, patient, and have lots of energy. Responsibilities will include: supervision of campers as they transition to various programs/activities, and assisting classroom instructors. Counselors will assist in the supervision of swimming pool activities, and are required to enter the pool with the children. **Experience working with elementary school children is preferred.** Hours are Monday-Friday 9:00am-5:00pm

Applicants must be available to attend orientation for Bits n' Pieces staff on Monday, June 30th 10am-12pm at Highlands School in the cafeteria.

<p style="text-align: center;">ONLY 15 YEAR OLDS CAN APPLY</p> <p style="text-align: center;">SAGE3. Youth Bureau Bits n' Pieces Camp <i>Counselors in Training – CITs</i></p> <p>8 youth needed (ONLY 15 yr. olds can apply) as CITs. Must be mature, patient, and have lots of energy. Responsibilities will include: assisting counselors with the supervision of campers as they transition to various programs/activities, and assisting classroom instructors. CITs will assist in the supervision of swimming pool activities, and are required to enter the pool with the children. Experience working with elementary school children is preferred. Hours are Monday-Friday 9:00am-5:00 pm</p> <p>Applicants must be available to attend orientation for Bits n' Pieces staff on Monday, June 30th 10am-12pm at Highlands School in the cafeteria.</p>	<p style="text-align: center;">MUST BE 16 YEARS OF AGE OR OLDER TO APPLY</p> <p style="text-align: center;">SAGE4. Youth Bureau S.T.E.M. Camp (Science, Technology, Engineering, Math) Counselors</p> <p>2 counselors needed (must be 16 years of age or older) to work with middle school age children. Must be mature and academically proficient in math and science. Counselors will be asked to assist with daily activities. Hours are Monday-Friday 8:30am-3:30pm.</p> <p>Applicants must be available to attend orientation along with Bits n' Pieces staff on Monday, June 30th 10am-12pm at Highlands School in the cafeteria.</p>
<p style="text-align: center;">ONLY 15 YEAR OLDS CAN APPLY</p> <p style="text-align: center;">SAGE5. Recreation & Parks <i>Counselors in Training (Camp Chickadee)</i></p> <p>3 junior counselors needed (ONLY 15 yr. olds can apply) to work with children in a variety of environments such as: gym, sports, art, swimming, games, and outdoors activities. Must be mature, flexible, self-motivated, cooperative, willing to take direction, and enjoy working with children. No summer school candidates. Camp employment dates are July 1st – August 8th. <u>Must be available full camp season.</u> Hours are 8am – 3pm, Monday – Friday.</p> <p>Applicants must attend mandatory orientation on Saturday, June 21st 8:30am -1:30pm at George Washington Elementary School Cafeteria.</p>	<p style="text-align: center;">ONLY 15 YEAR OLDS CAN APPLY</p> <p style="text-align: center;">SAGE6. Recreation & Parks <i>Counselors in Training (Camp Panawok)</i></p> <p>6 junior counselors needed (ONLY 15 yr. olds can apply) to work with children in a variety of environments such as: gym, sports, art, swimming, games, and outdoors activities. Must be mature, flexible, self-motivated, cooperative, willing to take direction, and enjoy working with children. No summer school candidates. Camp employment dates are July 1st – August 8th. <u>Must be available full camp season.</u> Counselors will rotate the following schedule on a 3-week rotation: 8:15am – 3:15pm and 11:30am – 5:30pm, Monday – Friday and must be available for both shifts.</p> <p>Applicants must attend mandatory orientation on Saturday, June 21st 8:30am -1:30pm at Eastview Middle School Auditorium.</p>

Recreational/Outdoor Positions

<p style="text-align: center;">R1. Recreation & Parks <i>Scorekeeper at Kittrell Park</i></p> <p>4 scorekeepers needed to work Monday-Wednesday 5:15pm-8:15pm and some Thursdays or Fridays for rain dates. Students must be clean, neat and polite and should be able to keep basketball scores as well as perform light maintenance (setting up chairs/tables, sweeping). Must have knowledge of the game. (Position is Monday, July 7th – Friday, August 1st).</p>	<p style="text-align: center;">R2. Recreation & Parks <i>Pool Pass Taker</i></p> <p>4 youth needed to work a total of 35 hours per week to: check recreation ID cards at gate, keep attendance records, and perform light maintenance duties in the pool area, park and office. Youth must be able to work until 8PM and on weekends.</p> <p>Applicants will be required to be available to work until Sunday, August 24th. (From 8/9 - 8/24 staff will be paid by Recreation & Parks).</p>
<p style="text-align: center;">MUST BE 14 OR 15 YEARS OF AGE TO APPLY</p> <p style="text-align: center;">RAGE3. Youth Bureau Greening Project <i>Environmental Education Program</i></p> <p>8 youth needed (must be 14 or 15 years of age) who are interested in the environment and would love to spend the summer working outdoors! Responsibilities include: participating in environmental activities, gardening, cleaning up at local parks, nature sanctuaries and reserves. Must be willing to work hard and be a team player. Hours are Monday-Friday 9am-4pm.</p>	<p style="text-align: center;">MUST BE 14 OR 15 YEARS OF AGE TO APPLY</p> <p style="text-align: center;">RAGE4. Youth Bureau Growing White Plains Community Garden <i>Garden Interns</i></p> <p>12 youth needed (must be 14 or 15 years of age) to work growing crops organically, attend environmental education trips and participate in community projects. Work takes place at a community garden site and a greenhouse in White Plains. Applicants must be prepared for physical work outdoors, and enjoy being part of a team.</p> <p>Youth will work Monday-Friday. Hours are 8:30am-12:30pm, however youth may be asked to stay later some days as needed.</p>
<p style="text-align: center;">MUST BE 18 YEARS OF AGE OR OLDER TO APPLY</p> <p style="text-align: center;">RAGE5. Youth Bureau Growing White Plains Community Garden <i>Assistant Coordinator</i></p> <p>1 youth needed (must be 18 years of age or older) to assist the program coordinator in the supervision of 14-15 year olds in a summer gardening program. Responsibilities will include: signing in youth, working with them at garden location and other duties as assigned. Applicant must enjoy working outdoors and be mature, patient and responsible. Experience working with youth is preferred.</p> <p>Youth will work Monday-Friday. Hours are 8:30am-12:30pm, however youth may be asked to stay later some days as needed.</p>	