SSJ Neighborhood Network
2023 Summer Youth Work Opportunities

All Youth Applicants MUST complete their OWN Application for Employment. Applications completed by parents or guardians will not be accepted.

If you have questions or need assistance completing this Application for Employment call (814) 454-7814, Extension 209, or email cherron@ssjnn.org.

**COMPLETED Application packet includes:**

- Job Application
- Erie School District Work Permit
- Social Security Card
- Birth Certificate
- Report Card or Driver’s License
SSJ Neighborhood Network  
2023 Youth Work Opportunities

The Sisters of St. Joseph Neighborhood Network (SSJNN) will be hiring Youth (ages 14-17) for part-time work.

<table>
<thead>
<tr>
<th>WHAT:</th>
<th>WHEN:</th>
<th>WHERE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Application Packets Available</td>
<td>NOW</td>
<td>SSJ Neighborhood Network 425 West 18th St. or 436 East 26th St. Also: SSJNN.org/downloads</td>
</tr>
<tr>
<td>Work Permit Application</td>
<td>Monday thru Friday 9:00pm to 4:00pm</td>
<td>Erie School District 148 West 21st St. 814-874-6150</td>
</tr>
<tr>
<td>Job Application Deadline</td>
<td>March 13th</td>
<td>Submit Completed Applications to SSJNN: 425 West 18th Street or 436 East 26th Street *Both locations have a lock box outside building</td>
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<tr>
<td>MANDATORY Informational Session (Youth must attend ONE of the session. Parents are encouraged to join!)</td>
<td>March 16th 5:00 pm to 6:15 pm</td>
<td>SSJ Neighborhood Network 425 West 18th Street</td>
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<tr>
<td>Interviews</td>
<td>Will be Scheduled at the Mandatory Informational Sessions if Youth has all required paperwork submitted.</td>
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<tr>
<td>Starting Dates for Employment</td>
<td>April 1st through June 15th</td>
<td>Start dates and locations vary depending upon position.</td>
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If you have questions, please call 814-454-7814, ext. 209 or email cherron@ssjnn.org
YWE Program
Application for Employment

Sisters of St. Joseph Neighborhood Network is an Equal Opportunity Employer

GENERAL INFORMATION

Today’s Date: ________________

Have you applied for employment with the SSJNN before? ☐ No ☐ Yes
If you answered “Yes” to the question above, when did you previously apply? (Date): ________________

First name ___________________________ Middle Initial ___________ Last name ___________________________

Street Address ____________________________________________________________

City ___________________________ State _______ ZIP _________ Telephone ____________

Social Security Number # ____________________________

*Your social security number can be found on your social security card. Your parent or guardian may have a copy of this card.
If you are unable to locate your social security card to retrieve your social security number, please refer to the “How to obtain a social security card” instructions located within this packet.

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? ☐ Yes ☐ No

*Citizenship or work authorization verification will be completed soon after date of hire.

Position applied for ____________________________________________

*Which position would you prefer? If you are unsure, leave this section blank.

How did you hear of this job? _________________________________________

When are you available to work? (check ALL that apply):

☐ Days (1st Shift) ☐ Weekdays ☐ Full Time
☐ Evenings (2nd Shift) ☐ Weekends ☐ Part Time _______ Hours/Week
☐ Nights (3rd Shift) ☐ Per Diem

Have you worked for SSJNN before? ☐ No ☐ Yes
If you answered “Yes” to the question above, please list the dates you worked for SSJNN.

Dates of Employment: ___________________________ to ___________________________

Can you produce the work certificate necessary to obtain employment? ☐ Yes ☐ No

*If you do not already have a youth work permit, please refer to the “How to obtain a youth work permit” instructions located within this packet.
Have you been convicted for any crime, including sex-related or child abuse-related offenses? □ Yes □ No

Have you been convicted of a felony in the last 7 years? □ Yes □ No

*This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.

If you answered “Yes” to the question above, please describe the conviction, listing the nature of the offense and your rehabilitation since the conviction:

________________________________________________________________________

________________________________________________________________________

EDUCATION

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City, State</th>
<th>Graduation Year</th>
<th>Area of Study (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle School</td>
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<tr>
<td>High School</td>
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<tr>
<td>Other Training (if applicable)</td>
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</table>

EMPLOYMENT HISTORY

Have you ever had a job before? □ Yes □ No

If you answered “Yes” to the question above, please list your work history below, beginning with your most recent employer. If you answered “No” to the question above, please move on to the “Extracurricular Activities & Hobbies” section of the application below.

Company Name __________________________________________

Address ____________________________________________ Phone __________________________

Position: _____________________________________________

Starting Date _____________________________ Leaving Date ____________________________

Starting Wage _____________________________ Ending Wage ____________________________

□ Full Time □ Part Time May we contact? □ Yes □ No Supervisor __________________________

Responsibilities _____________________________________________

Reason for leaving ____________________________________________
Company Name ______________________________

Address ______________________________    Phone ______________________________

Position: ______________________________

Starting Date ____________________ Leaving Date ____________________

Starting Wage ____________________ Ending Wage ____________________

☐ Full Time ☐ Part Time      May we contact? ☐ Yes ☐ No       Supervisor ______________________________

Responsibilities ______________________________

Reason for leaving ______________________________

REFERENCES

Please list three professional or personal references below. References may not be an employer or a relative.

1. Name ______________________________
   Occupation ______________________________
   Nature of Relationship ______________________________
   Phone ____________________ Email ____________________

2. Name ______________________________
   Occupation ______________________________
   Nature of Relationship ______________________________
   Phone ____________________ Email ____________________

3. Name ______________________________
   Occupation ______________________________
   Nature of Relationship ______________________________
   Phone ____________________ Email ____________________

EXTRACURRICULAR ACTIVITIES & HOBBIES

Please tell us about any extracurricular activities and/or hobbies you have or are currently undertaking:

________________________________________________________________________

________________________________________________________________________
Please Read Carefully and Initial Each Paragraph Before Signing

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. 

Initials: _______

I understand, where permissible under state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position with or without reasonable accommodation.

Initials: _______

I understand that an offer of employment is conditioned upon complying with SSJ Neighborhood Network requirements, including, but not limited to, signing a Consent to Conduct a Background Check.

Initials: _______

I hereby certify that the information given by me is true in all respects. I authorize SSJ Neighborhood Network and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and, to the extent permitted by law, release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application or as discussed in any interviews with the SSJ Neighborhood Network to provide any information or transcripts requested.

Initials: _______

I understand employment with SSJ Neighborhood Network is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initials: _______

If hired, I agree to conform to the policies, standards of conduct and rules of SSJ Neighborhood Network and I understand and agree that, if employed, my employment is based upon mutual consent, has no specific term and may be terminated at will, with or without cause, by either the SSJ Neighborhood Network or myself without prior notice to the other, unless otherwise prohibited by law. I understand that no representation, whether oral or written, by any representative or agent of the SSJ Neighborhood Network, at any time can constitute an implied or expressed contract of employment. I further understand that no representative or agent of the SSJ Neighborhood Network has the authority to enter into an agreement for employment for any specified period of time or make any change in any policy, procedure, benefit or other terms or conditions of employment other than in a document signed by the SSJ Neighborhood Network.

Initials: _______

I certify that all of the above information is true and complete, and I understand that falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initials: _______

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature ___________________________ Date ___________________

The Sisters of St. Joseph of Neighborhood Network prohibits discrimination based on age, sex, race, color, religion, creed, ancestry, national origin, disability or any other protected class as defined by current federal, state or local legislation.

SSJNNN is committed to complying with the Americans with Disabilities Act. Please make us aware of any reasonable accommodations we may provide for you during the application process.
SISTERS OF SAINT JOSEPH NEIGHBORHOOD NETWORK PERMISSION FORM

PART 1  PERSONAL DATA

I give permission for my child (children) to attend any programs that are offered at the SSJNN (both East and West locations) or off-site, as well as any program that the SSJNN transports my child (children) from home and back again. I understand that I will be informed about each new program that my child (children) may attend. This permission form remains valid until notification from the parent/guardian requests it to be null and void.

Participant’s Name ___________________________________________ Birth Date ___________ Grade ______

PART 2  FAMILY HEALTH INSURANCE INFORMATION

Name of Insurance Company ____________________________________________

Address ___________________________________________ Phone (_____ ) __________________________

Group Number ___________ ID Number ___________ Policy Holder’s Name __________________________

Allergies ___________________ Medications __________________

In the event I cannot be reached, in an emergency, I hereby authorize treatment for any minor injury or illness that occurs while with my child’s coach/mentor/tutor/director. If a doctor or hospital service is needed, treatment may be started. I (We) agree to be responsible for all expenses incurred for medication, treatment, injury or illness suffered by my child to him/her while under the supervision of his/her coach/mentor/tutor/director.

PART 3  MISCELLANEOUS MEDICAL INFORMATION

May your child take part in physical activities? ____ Yes ____ No  If NO, please explain: ______________________

Is your child allergic/sensitive to any substance? ______ Yes ______ No  If YES, please explain: ______________________

Is your child currently under a doctor’s care? ______ Yes ______ No  If YES, please explain: ______________________

PART 4  TRANSPORTATION

May SSJNN-approved drivers transport your child in SSJNN-approved vehicles? ______ Yes ______ No

PART 5  PARENTAL PERMISSION

In consideration of this waiver/permission form being accepted, I hereby, for myself, heirs, executor and/or administrators waive and release all claims for damages I may have against the SSJNN or any and all sponsoring organizations and their representatives for any and all injuries sustained during any of the programs. I also waive and release any and all claims for the use of photos, video tapes or websites in which my child (children) may appear.

By signing my signature, I hereby acknowledge reading and understanding the implications of this clause.

Parent/Guardian Signature: ______________________________________ Date __________

Print Name _____________________________________________________________

Address ________________________________________________________________

Home Phone ___________________ Cell Phone ________________________________

Person to contact, other than listed above ___________________ Relation __________

Home Phone ___________________ Cell Phone ________________________________
How to obtain a Youth Work Permit

1. Legal Parent/Guardian and the student applicant must visit the Child Accounting Office in the Erie School district administration building at 148 West 21 Street, in Erie.
2. They must provide the following documentation:
   a. the student’s birth certificate
   b. the parent/guardian’s valid ID (driver’s license or government issued photo id)
3. The application will be completed by the parent and the Erie School District official, and the permit will be issued. The student must be present to sign the permit in front of the issuing officer.
4. Hours are Monday through Friday, 8am to 4pm, closed Saturday and Sunday.
5. Phone number is 814-874-6134

How to obtain a Social Security Card

1. A legal parent/guardian must visit the Social Security Office at 717 State Street, Erie.
2. They must provide 2 original documents to prove: age, identity, US citizenship or work authorized immigration status. For example:
   * Birth certificate
   * Passport
   * US driver’s license or US State-issued non-driver identity card
3. If you are age 12 or older, and have never received a Social Security number, you must apply in person.
4. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents’ Social Security numbers
5. Hours are Monday through Friday, 9am to 4pm, closed Saturday and Sunday.
6. Phone number is 1-800-772-1213, or visit www.socialsecurity.gov

How to obtain a Birth Certificate

1. A legal parent/guardian must visit the Vital Records Office at 1910 West 26th Street, Erie.
2. They must provide a valid driver’s license or other government issued photo identification that includes your mailing address.
3. Fee for a Birth Certificate is $20.00
4. Hours are Monday through Friday, 8am to 4pm, closed Saturday and Sunday
5. Phone number is 814-871-4262