



**Applicant, KEEP this
Information!!**

**SSJ Neighborhood Network
2026 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

Applicant, KEEP this Information!!

SSJ Neighborhood Network 2026 Youth Work Opportunities



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

WHAT:	WHEN:	WHERE:
Job Application Packets Available	NOW	SSJ Neighborhood Network 425 West 18th St. or 436 East 26th St. Also: SSJNN.org/downloads
Work Permit Application	Monday thru Friday 9:00am to 4:00pm	Erie School District 1910 Sassafras St 814-874-6000
Job Application Deadline	March 16 th	Submit <u>Completed Applications</u> to SSJNN: 425 West 18th Street or 436 East 26th Street *Both locations have a lock box outside building
MANDATORY Informational Session (Youth must attend ONE of the session. Parents are encouraged to join!)	March 17 th 5:30 pm to 6:30 pm March 19 th 5:30 pm to 6:30 pm	SSJ Neighborhood Network 436 East 26 th St SSJ Neighborhood Network 425 West 18 th Street
Interviews	Will be Scheduled at the Mandatory Information Sessions if Youth has all required paperwork submitted.	
Starting Dates for Employment	April 4 th through June 15 th	Start dates and locations vary depending upon position.

**If you have questions, please call 814-454-7814, ext. 209
or email cherron@ssjnn.org**

SISTERS OF SAINT JOSEPH NEIGHBORHOOD NETWORK PERMISSION FORM 2025-2026

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 1910 Sassafras Street in Erie, PA.
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, 9am to 4pm, closed Saturday and Sunday.
5. Phone number is 814-874-6000

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

Youth Work Experience 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? ☐ Yes ☐ No

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 the date of hire.**

Position you are applying for _____

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

How did you hear of this job opportunity? _____

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

☐ Days (1st Shift) ☐ Weekdays ☐ Full Time

☐ Evenings (2nd Shift) ☐ Weekends ☐ Part Time _____ Hours/Week

Have you worked for SSJNN before? Yes/No: _____

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 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 positions(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

	Name of School	City, State	Graduation Year	Area of Study (if applicable)
Middle School				
High School				
Other Training (if applicable)				

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 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.

SSJNN 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.