



New York Youth Works Program  
 New York State Department of Labor  
 W. Averell Harriman State Office Building Campus  
 Attn: Business Services Unit  
 Building #12 – Room 425  
 Albany, New York 12240  
 1-877-226-5724  
 Fax number: 518-485-2577  
 E-mail address: info@youthworks.ny.gov

## New York Youth Works Program Business Certification

**You must fill in all fields.**

Business Name	FEIN
What is the nature of your business? (example: manufacturing)	NYS Employer Registration Number
Business Address	Work-site Location ( <input type="checkbox"/> Same as business)

My business is within a reasonable commuting distance of these target areas: (Check all that apply.)

City Limits of:     Albany    Buffalo    Mount Vernon    New Rochelle    New York City  
                            Rochester    Schenectady    Syracuse    Utica    Yonkers

Towns of:             Hempstead    Brookhaven

Job Title
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<p><b>Job Description</b></p> <p>Please describe your job opening. List special knowledge skills, aptitudes, abilities required; equipment used or operated; special physical demands or working conditions. If available, please provide detailed job description.</p>          
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Multiple Job titles are available. (Department of labor business services staff will contact you to collect additional information.) Please provide the following additional Job Details for the first job order only.

**Work Shifts**  
 First Shift    Second Shift    Third Shift    Varies

**Overtime**  
 Yes    No

**Work Days**  
 M    T    W    Th    F    S    S    Varies

**Total Work Hours per week**

**Pay Period**  
 Weekly    Bi-Weekly    Monthly    Bi-Monthly

**Salary**  
     Depending on Experience

## OTHER HIRING REQUIREMENTS/BENEFITS

### Requirements

- Driver License
- Own Tools
- Physical Exam
- Drug Screening
- Employment/Security Test
- Collective Bargaining Agreements
- Bondable

Other Requirements

### Benefits

- Health Insurance
- Life Insurance
- Dental Insurance
- Paid Vacation
- Paid Sick Leave
- Retirement Plan

Other Benefits

Do you already have a qualified youth to hire for this position?

- Yes, I already have an individual in mind. (That individual's eligibility will need to be certified by the Dept of Labor.)
- No, I would appreciate assistance in finding qualified youth for this position.

Number of persons you wish to interview

Number of resumes you wish to review

Number of Job Openings

Full-time (35 hours or more per week)

Part-time (between 20-34 hours per week)

Person to Contact for Interview

Job Title

E-mail

Phone Number

(  )  -  ext

Fax (Optional)

(  )  -

Applicant Contact (Check at least one)

- Resumes via mail
- Resumes via fax
- Resumes via E-mail
- Applicants may contact directly
- Apply Online

Preferred Contact Method by Department of Labor

- Phone
- E-mail

How would you like to receive your written notice of certification? Please choose one.

- E-mail
- U.S. Postal Service

### Terms of Service Agreement

I agree to allow The NYS Department of Tax and Finance to share my wage records with the NYS Department of Labor.

The pay offered for this position is comparable to wages offered for similar jobs, with appropriate adjustments for experience and training.

My business has not intentionally reduced its existing workforce (i.e. terminated an existing employee or given an existing employee a partial work reduction) in order to hire a worker certified for the NY Youth Works Tax Credit.

I understand the reason a youth qualifies for this program is private personal information, and agree to not ask the youth to explain or describe the reason(s) they qualify for the program.

To the best of my knowledge this information is true, correct and complete. I am aware that there are significant civil and criminal penalties for filing false documents or other information with the government.

- By checking this box and submitting this form, I agree to the above Terms of Service Agreement.**