



New York Youth Works Program
 New York State Department of Labor
 W. Averell Harriman State Office Building Campus
 Building #12 – Room 200
 Albany, New York 12240
 1-877-226-5724
 Fax number: 518-485-1359
 E-mail address: info@youthworks.ny.gov

Youth Certification Request for the New York Youth Works Program

Sections marked with an asterisk (*) are required for us to process your application. Please provide all required information.

Last Name*

First Name*

Middle Initial

Date of Birth*

SSN*

 - -

Home Address*

City*

State*

Zip*

E-mail*

Cell Phone*

OR

Home Phone

Parent/Guardian First Name

Parent/Guardian Last Name

Parent/Guardian Phone

I am being assisted by a NY Youth Works Training Provider.*

Yes No I don't know

I am currently working*.

Yes No Start date of current employment*

I am 16 or 17 years old and have the permission of my parent or guardian to submit this application.*

Yes No

I am currently attending high school or enrolled in a GED program.*

Yes No