



APPLICATION AND DOCUMENT CHECKLIST

Name of Applicant: _____ Date of Birth: _____

Please ensure the following are attached. Documents will be verified upon submission.

Completed 2023 Governor's Summer Youth Employment Program Application Form

Copy of Photo ID of applicant (i.e., Guam I.D., Driver's License, Passport, Military ID, or Current School ID)

Copy of Photo ID of parent(s)/guardian(s) (i.e., Guam I.D., Driver's License, Passport, Military ID)

Copy of applicant's Social Security Card or Taxpayer Identification Number

If applicable, Authorization Agreement for Automatic (Direct) Deposit Form. Note: This form must be certified by your bank.

FOR OFFICIAL USE ONLY

COMPLETED APPLICATION AND DOCUMENT SUBMISSION VERIFIED:



STAMP

-----Tear Here-----

APPLICANT'S RECEIPT OF 2023 GSYEP APPLICATION SUBMISSION

Name of Applicant: _____ Date of Birth: _____

Name of Verifier (Print): _____

Completion Date:



STAMP

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All completed applications, along with **ALL REQUIRED DOCUMENTS**, will be accepted on **May 27, 2023, 10:00 a.m.-6:00 p.m., at the Guam Premier Outlets. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. DYA WILL NOT BE MAKING COPIES AT GPO.**

I am interested in Direct Deposit. Please fill out the attached Authorization Agreement for Automatic (Direct) Deposit Form and have it certified by your bank.

I understand Direct Deposits will only be accepted if the participant's name is on the bank account. Note: Delivery of deposits is different for each bank. _____ (Applicant's Initial) _____ (Parent/Guardian Initial)

I am a returning GSYEP participant.

2023 GOVERNOR'S SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION

(Use black or blue ink only)

APPLICANT INFORMATION

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Date of Birth: _____ **Age:** _____ **Email Address:** _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ **Cell Phone:** _____

Name of School: _____

Last Grade completed: 8th 9th 10th 11th 12th Graduated Not applicable

Gender: Male Female Prefer not to say **Are you a U.S. Citizen** (For statistical purposes only) : Yes No

Ethnicity (For statistical purposes only): _____ **Social Security Number:** _____

I understand the following:

I am 14 – 17 years old by June 19, 2023. _____ (Applicant's Initial)

I am a resident of Guam. _____ (Applicant's Initial)

I am not enrolled in summer school this year. _____ (Applicant's Initial)

I am able to complete six (6) weeks, 30 hours per week, of the program (June 19th-July 28th). _____ (Applicant's Initial)

If hired, I am responsible to provide my own lunch. _____ (Applicant's Initial)

I do not have any pre-planned off-island travel between June 19, 2023 to July 28, 2023. _____ (Applicant's Initial)

Any false or dishonest answer may affect your current or future participation in the Governor's Summer Youth Employment Program.



PARENT/LEGAL GUARDIAN INFORMATION

I authorize my Parent/Legal Guardian to receive my documents (e.g. payroll check, tax statements) in the event I am unable to. _____ (Applicant's Initial) If applicable, please provide ID copies of your parents or legal guardians.

PARENT/LEGAL GUARDIAN

Last Name: _____ First Name: _____ Middle Initial: _____

Home Phone (If different from applicant's): _____ Work Phone: _____ Ext.: _____

Cell Phone: _____

PARENT/LEGAL GUARDIAN

Last Name: _____ First Name: _____ Middle Initial: _____

Home Phone (If different from applicant's): _____ Work Phone: _____ Ext.: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Check here if the emergency contact is the parent/legal guardian. If yes, continue to next page.

Last Name: _____ First Name: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____

Relationship with applicant: _____



FAMILY MEMBERS ALSO APPLYING IN 2023 GSYEP

Table with 3 columns: Name, Age, School Name/ Grade. Rows 1-3 for family members.

Check here if you prefer to be placed at the same job site and/or within proximity with your sibling/family member for transportation purposes. DYA will make its best efforts to accommodate requested placement.

WORK EXPERIENCE AND INTERESTS

List prior work experience, if applicable, or area of interest:

- 1. _____
2. _____
3. _____

JOB SKILLS

SELECT SKILLS

- Accounting
Agriculture / Farming
Athletics
Child care
Clerical Experience
Computer Knowledge
Construction
Customer Service
General Helper
Landscaping
Logistics
Mentoring/ Tutoring
Planning
Record keeping
Typing / Keyboarding WPM: _____
Other: _____

AGENCY INTEREST

NOTE: PLACEMENT IS DECIDED ON AVAILABILITY

- Department of Agriculture (DOAg)
Department of Corrections (DOC)
Department of Parks and Recreation (DPR)
Department of Public Health and Social Services (DPHSS)
Department of Public Works (DPW)
Department of Youth Affairs (DYA)
Guam Behavioral Health and Wellness Center (GBHWC)
Guam Community College (GCC)
Guam Department of Education (GDOE)-

Preferred School:

- Guam Fire Department (GFD)
Guam International Airport Authority (GIAA)
Guam Legislature
Guam Memorial Hospital (GMH)
Guam Museum
Guam Police Department (GPD)
Mayor's Office- Village: _____



MEDICAL INFORMATION

Are there any medical conditions that may affect your ability to carry out any job duty? Yes No

If yes, please explain. This information is confidential and will not affect your eligibility.

Do you require any special accommodation(s)? Yes No

If yes, please explain. This information is confidential and will not affect your eligibility.

AUTHORIZATION TO SHARE INFORMATION

Permission is hereby granted to **DYA** to release the Applicant's information such as identification, contact information, education, interests, and skills with Government agencies listed below.

Guam Department of Education (GDOE)

Guam Department of Labor (GDOL)

The purpose of this consent is to determine the individual's eligibility in educational and job opportunities with the agencies mentioned above.

I understand that my consent is voluntary and is not required for my participation in any programs. I understand that my records may be released and shared as described above, until such time as I revoke my consent for further sharing.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____ Time: _____

Applicant's Parent/Legal Guardian Name: _____

Applicant's Parent/Legal Guardian Signature: _____ Date: _____ Time: _____



PARENT/LEGAL GUARDIAN CONSENT FORM

(Use black or blue ink only)

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

I hereby certify that the aforementioned information is true to the best of my knowledge and that there is no intent to defraud; I consent to receive any medical treatment deemed advisable for any injury to my child during the activity; and that any medical or other insurance for my child will be insurance of first resort; I consent for my child to participate in the 2023 Governor's Summer Youth Employment Program. As photography/videos/interviews may be taken/conducted during any of the work-related tasks, meetings, and/or events, I consent for photographs/videos of, and interviews with my child to be used for the purpose of the advertising and reporting about and/or recruiting for this activity; I shall defend, hold harmless, and indemnify the parties from and against all losses, claims, damages, costs or expenses in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injury or damages, received or sustained by my child arising during the course of this activity. This agreement constitutes the sole and only agreement between the parties concerning my release and indemnification as a condition for my child's participation in this activity. Any prior agreements, whether oral or in writing, shall be void and of no further effect. This agreement may not be modified; I certify that I have read this document, and I fully understand its contents and sign it of my own free will.

Applicant's Parent/Guardian/Custodian Name (Print): _____

Applicant's Parent/Guardian/Custodian Signature: _____ Date: _____



FOR STATISTICS

Please check all that apply to the applicant. Information you provide here is optional, confidential, and will be used for statistical purposes only.

The applicant is:

Not on track to graduate

A high school dropout

Homeless, runaway, or foster child

A juvenile offender/ justice involved

An individual with a disability

Racial or Ethnic Minority

English is a second language

Household currently receives public assistance (e.g. WIC, SNAP, Welfare, MIP, Medicaid, Childcare Block Grant, Assistance, GHURA assistance)

Applicant or Parents/Guardian of applicant is a citizen of the Freely Associated States (Federated States of Micronesia, Republic of Marshall Islands, and Palau)

Other: _____



GOVERNMENT OF GUAM
 (GUBETNOMENTON GUAHAN)
DEPARTMENT OF ADMINISTRATION
 (DIPATTAMENTON ATMENESTRASION)
PAYROLL SECTION
 (SEKSION SUETO)
 Post Office Box 884; Hagåtña, Guam 96932
 Tel: (671) 475-1195/1268 ~ Fax: (671) 472-9794

AUTHORIZATION AGREEMENT FOR AUTOMATIC (DIRECT) DEPOSIT

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	
<div style="text-align: right;">LAST, FIRST, MI</div>			
MAILING ADDRESS		DEPT / AGENCY	
<div style="text-align: right;">PO / ST NAME, CITY, STATE, ZC</div>			
EMPLOYEE'S CONTACT NUMBERS		DEPT. NO.	
WORK:	HOME:		

PLEASE CHECK ONE BOX ONLY:

- NEW ACCOUNT
 CHANGE ACCOUNT
 CANCEL ACCOUNT

PAYROLL DIRECT DEPOSIT INFORMATION - ACTIVATION				
Depository Type	Depository Bank Name	ABA Routing No.	Account #	Amount
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	SAMPLE BANK	Always 9 digits : 123456789 :	000386XXX	Net Pay Amount
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				Net Pay Amount

The ROUTING / ACCOUNT NUMBERS can be obtained from your financial institution and in most cases it's printed on your personal check or bank-book. Incorrect routing / account numbers may delay your funds being available to you on the check date; and must be a local branch.

I hereby authorize the Department of Administration, Payroll Section, to TRANSACT the above effective pay period ending:

Employee Signature / Date

Bank Verification Signature / Date

FOR PAYROLL SECTION USE ONLY	
RECEIVED BY:	
DATE RECEIVED:	
PROCESSED BY:	
DATE PROCESSED:	