

Summer Youth Work Experience Program – Apply Now!

Looking for paid summer work experience?

The Greater Raritan Summer Youth Work Experience Program (SYWEP) gives young people the chance to earn money, build skills, and explore careers this summer!

What You'll Get

- 💰 Stipend pay: **\$17/hour (\$3,400)**
- 👤 Real work experience with local employers
- 📄 Resume and career skills training
- 🤝 Support throughout the program

Who Can Apply?

- Ages **16–24**
- Live in **Somerset or Hunterdon County**
- In school or out of school
- There are also a limited number of slots available for youth who meet WIOA youth eligibility program requirements as well as the above criteria

Program Details

- **200 program hours**
- **180 hours** with employer/**20 hours** on independent job readiness training
- Stipend payment when the 200 hours are completed.
- **PLEASE NOTE: Funding for this New Jersey Department of Labor-sponsored program was reduced for 2026, so there are only up to 50 positions available!**

How to Apply

Apply by **May 4, 2026**, using the attached application which includes pages 2/3/4 and the NJ Intake & Initial Assessment Form. **Please review Participant Expectations on page 5** before applying to insure you are able to complete the program in full.

Questions?

📞 908-541-5785

✉️ jcassano@somersetcountynj.gov

Don't miss your chance to gain experience, earn money, and prepare for your future—apply today!




Greater Raritan Workforce Development Board

Summer Youth Work Experience Program (SYWEP)

2026 Intake Application

 Email completed forms to: jcassano@somersetcountynj.gov

 Application Deadline: **Monday, May 4, 2026**

Section A: Basic Information


Date: _____

How did you hear about SYWEP?

Social Media Friend School Counselor Community Organization Other:

Last Name: _____

First Name: _____

 *Complete intake forms on Pages 8 and 9 of this document.*

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

Personal Email: _____

Date of Birth: _____ **Age:** _____

Gender (optional): Male Female Prefer not to say

Parent/Guardian Name, Phone, and Email:

Section B: School & Education Information

Are you currently attending high school?

Yes No

If yes:

High School Name: _____

Grade as of 9/1/26: _____

If no:

Highest grade completed: _____

Are you attending or planning to attend college?

Yes No

If yes:

College/Institution Name: _____

Grade as of 9/1/26: _____

Area of study or interest (if known): _____

Section C: Interests, Skills, and Experience

Tell us about your interests, skills, or talents:

(Examples: technology, sports, art, helping others, social media, organization, teamwork, etc.)

Have you had a job in the past year?

Yes No

If yes, list employer and dates:


(Note: Work experience is not required to apply.)

Section D: Required Documents Checklist

To be considered for the program, you must submit:

- Completed SYWEP Application
- Completed New Jersey Intake and Initial Assessment Form
- Proof of age (must be 16 by June 1, 2026, and no older than 24)
- Signed participant and parent/guardian forms

Please note: Additional documentation will be required for those eligible to take part in this program as WIOA Youth. These potential participants will be assisted by program partners.

 Meeting eligibility requirements does not guarantee placement in the program.

Section E: Participant Agreement

I understand the requirements of the Summer Youth Work Experience Program and agree to participate fully if selected. I confirm that the information provided is true and accurate. I understand that eligibility does not guarantee placement.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Working Papers Notice (Ages 16–17)

If you are 16 or 17 years old, you and your parent/guardian must complete New Jersey’s online Working Papers process before starting work.

Learn more: <https://www.nj.gov/labor/childlabor/>

Greater Raritan Summer Youth Work Experience Program (SYWEP)

Participant Expectations

1) Program Overview & Work Expectations

The Greater Raritan Workforce Development Board's Summer Youth Work Experience Program (SYWEP) serves youth ages 16–24 who live in Hunterdon County or Somerset County. Participants may be in school or out of school. The program also has a limited number of slots available for individuals who meet WIOA Youth eligibility requirements.

The program provides:

- Paid, on-site work experience
- Career readiness training
- Career pathway exploration

Each participant is required to complete **200 total hours**, including:

- **180 hours** of on-site work experience
- **15 hours** of **mandatory** online workforce readiness training
- **5 hours** of **mandatory** orientation and in-person career skills sessions

Participants are expected to:

- Follow their assigned work schedule
- **Complete** online training independently
- Attend **mandatory** virtual orientation, in-person job readiness training program, 2 virtual job coaching sessions
- Communicate with supervisors and program staff
- Always demonstrate professionalism and responsibility

2) Respect and Professional Conduct

Every individual deserves respect and dignity.

Participants are expected to:

- Listen attentively during meetings and training sessions
- Avoid distractions such as phone use during work or training
- Treat supervisors, coworkers, peers, and community members with respect
- Maintain a positive attitude and professional behavior

3) Honesty and Trust

Honesty builds trust in the workplace. Participants are expected to:

- Be truthful in communication
- Accept feedback and constructive criticism
- Use feedback as an opportunity for growth

4) Accountability and Responsibility

Participants are responsible for their actions, decisions, and commitments. This includes:

- Arriving on time
- Completing assigned tasks
- Meeting program requirements

5) Learning and Engagement

SYWEP is designed to help young people develop skills, confidence, and career awareness. Participants are expected to:

- Fully participate in work and training activities
- Take advantage of learning opportunities
- Approach the program with curiosity and enthusiasm

Attendance and Participation Requirements

Attendance is required to successfully complete the program. Participants must:

- **Complete the full 200-hour requirement** during the program period (May 18, 2026 – October 16, 2026). Those who do not will be paid only for the hours they have completed.
- Maintain a weekly or biweekly timesheet submitted to their employer
- Notify their supervisor in advance if they are sick or have an emergency
- Schedule appointments outside of work and training hours when possible

Failure to meet attendance or training requirements will result in reduced stipend.

Community Representation

Participants represent the Greater Raritan SYWEP when working with employers and attending training sessions. Participants are expected to:

- Be respectful and courteous
- Follow workplace rules and employer policies
- Demonstrate professionalism in all settings

SYWEP Policies and Procedures

Eligibility Requirements

To be considered for the program, applicants must:

- Be **16 by June 1, 2026**, and no older than 24
- Live in Hunterdon County or Somerset County
- **Be able to complete the 200-hour program requirement**
- There are also a limited number of slots available for youth who meet WIOA Youth eligibility program requirements as well as the above criteria.
- Submit a complete application packet, including:
 - Completed SYWEP Intake Application
 - Completed AOSOS Intake Assessment Form
 - Proof of age (driver's license or official documentation)
 - Other documentation as required if applying as eligible WIOA Youth

Incomplete applications will not be considered.

Program Participation Requirements

Participants must:

- Attend the **mandatory** orientation, in-person program and 2 virtual job coaching sessions
- Complete the **mandatory** 15 hours of online workforce readiness training
- Follow employer policies and workplace guidelines
- Communicate regularly with the Program Coordinator
- **Complete** an end-of-program evaluation survey

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM A proud partner of the AmericanJobCenter® network

Today's Date: _____/_____/_____

UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..

SSN#: _____ - _____ - _____

DOB: _____ / _____ / _____ MM/DD/YYYY

Gender: Female Male

Last Name:

First Name:

Middle Initial:

Street:

City:

State:

Zip Code:

County:

Phone #: () _____
Alt. Phone #: () _____

Email: _____

Contact Preference: Postal E-mail
 Primary Phone Alt. PhoneEthnic Heritage: Hispanic or Latino Not Hispanic or Latino
 I choose not to disclose Race: Alaskan/American Indian
 Asian Black/African American White
 Hawaiian/Pacific Islander I choose not to disclose

Marital and Family Status (choose all that apply)

 married divorced unmarried
Household: one-parent two-parent
 not a family member(single) other (dependent, child)
 optional: pregnant

School Status:

In-school: HS/secondary or Less alternative HS/Post-secondary
not attending school: HS dropout HS grad/equivalent
 16 or younger and have not attended last school year quarter

Education Level (Choose highest only):

 no grade _____ Yrs completed, (1-11) no diploma
 12th grade, no diploma HS equivalency 12th grade, HS grad
 disabled w/ Cert. IEP

Post-secondary/Vocational/Associate High School Plus:

 Post-secondary no degree: 1 year 2 years 3 years
 Vocational Certificate: 1 year 2 years 3 years
 Associate Degree: 1 year 2 years 3 years
 Other Degree: BA/BS Master's PhD

Employment Status (choose one)

 employed not employed
 employed-received notice of termination
 not employed and not seeking work

If employed are you working (choose one)

 full-time part-time
 seasonal/temporary self-employed

If not employed and homemaker:

 Receiving support from spouse/former spouse
 Not receiving support from spouse/former spouse

US Citizen:

 Yes No Permanent Resident or Exp.Date: _____
Alien Reg.# (if applicable): _____Individual with Disability: Yes No Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and provide the following information: type of disability: hearing; vision; mental; mobility; cognitive/I/DD; learning; chronic health]

Migrant Seasonal Farmworker:

 Yes No If Yes choose one: migrant seasonal farmworker migrant farmworker migrant food process worker
 dependent of migrant seasonal farmworker Farmwork Type: production and services food processing

Selective Service (Males born on or after 1/1/1960 only)

 Yes No
 Selective Service #: _____

Housing: (choose one)

 aged out of foster care foster child
 homeless runaway
 own home rent
 choose not to disclose
 none of the above applyOffender Status - Have you been convicted of criminal offense? Yes NoDo you feel you have any barriers to employment, including customs, practices or beliefs, not described on this form, which you wish to disclose? Yes No
If Yes, please provide this information on Form DNative Language: English other specify: _____Military Service: No Yes branch: _____

If Yes, use DVOP Checklist

 campaign veteran national guard reserve active duty
 transitioning vet discharge retirement other eligible
 active service From: _____ to: _____

Service Disability:

 disabled not disabled special disabled
Receiving Veteran's benefits or assistance? No Yes

If Yes, specify: _____

Military Spouse - Are you:

 active duty service member spouse service member widow
 disabled veteran spouseIf active duty spouse, has your income been affected by spouse's deployment? Yes No

1. Do you, a friend, or any member of the family have a history of opioid use? Yes No

2. Did you become unemployed or underemployed as a result of COVID-19? Yes No

Employment Preferences**Work Week:** full-time part-time both not seeking employment at this time**Duration:** regular (150 Days+) temporary (150 Days or Less) both**Minimum Salary:** \$ _____ Per _____ **Date Available to Work:** _____ / _____**Shift Preference:** Willing to work any shift? Yes No If No, which shift(s): 1st 2nd 3rd Split Rotating**Employment Objective:** _____ **Desired Job Title(s):** 1) _____

2) _____ 3) _____ 4) _____ 5) _____

Desired Employer(s): 1) _____ 2) _____ 3) _____**Acceptable Job Locations** (check one): 5 10 25 50 100 miles from Zip Code _____**Work History (Current/Last Employer):** job title: _____ employer: _____

street: _____ city: _____ state: _____

start date: _____ / _____ / _____ end date: _____ / _____ / _____ wage: \$ _____ per _____

reason for leaving: lack of work/layoff fired medical/health quit retired still employed strike
 other (specify) _____

job duties: _____

_____ If you wish to provide additional work history, inform staff person.

Additional Skills: _____**Professional Associations:** _____**Certificate/Special Licenses****Certificate/License:** _____ issued by: _____

issued date: _____ / _____ / _____ state: _____ country: _____

education-course of study: _____ degree: _____ school: _____ state: _____ country: _____**Driver's License****License:** No Yes State: _____**Type:** CDL-A CDL-B CDL-C Auto Moped**Transportation** I own a vehicle I have insurance I have access to: vehicle motorcycle bus/ rail none other**Endorsements:** passenger transport motorcycle hazardous materials tank vehicle school bus doubles/triples tank hazards air brakes*I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined eligible for services and/or training does not necessarily entitle me to service/training*

Applicant Signature _____ Date _____ Parent/Guardian* _____ Date _____

Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18 only

Staff use only: WIOA Adult WIOA Dislocated Worker
 WDP Grant (Specify: _____)
 National Dislocated Worker Grant TANF
 SNAP
 GA
 CAVPAssistance start date: _____
Case #: _____**Income Status:** 100% LLSIL 70% LLSIL Not Disclosed Local Priority (Specify): _____**Barriers to Employment:** Youth In/Aged out of Foster Care Indian/Alaska native/Native Hawaiian Within 2yrs of TANF exhaustion ELL/Lower Level Literacy Substantial Cultural Barriers Low-Income Individual Displaced Homemaker Disability Homeless Individual Long-Term Unemployed Ex-Offender Eligible MSFW Single Parent Older IndividualWDB (County)
Code: _____ WIOA Youth ISY WIOA Youth OSY Low-Income
 High Poverty Area 5% Limitation**Additional Info:** Underemployed Not in Labor Force
 Interested in Nontraditional Employment**AOSOS ID#:** _____**OSY:** Foster Youth Dropout Homeless Not Attended Last Q
 Offender Low Income AND Basic Skills Deficient Pregnant/parenting
 Disability Low Income AND youth who Requires Add'l Assistance**ISY:** Low-Income AND: BSD English Language Learner
 Offender Homeless Foster Youth Pregnant/parenting
 Disability Youth who Requires Add'l Assistance**Referral Source:** DVRS LWD UI Public Assistance Agency CBO/FBO Self Other Local Area CSBG Employer HUD Adult Education Library Probation Parole Public Education Relative/Friend Re-entry/Second Chance Displaced Homemaker Program Family Success Center MSFW Grantee

Greater Raritan Summer Youth Work Experience Program (SWEP) Participant Exit Interview & Feedback Form

Participant Name: _____

Host Employer/Worksite: _____

Program Year: 2026

1) Overall Experience

How would you rate your overall experience in SYWEP?

Excellent Good Fair Poor

What did you like most about the program?

What did you like least or find challenging?

2) Skills and Learning

What new skills did you gain? (Check all that apply)

- Communication
- Teamwork
- Time management
- Technology/computer skills
- Customer service
- Problem solving
- Workplace professionalism
- Other: _____

Which workforce readiness courses were most helpful?

What skills do you feel more confident using now?

3) Work Experience

Did your work assignment match your interests?

Yes Somewhat No

Did you feel supported by your supervisor and program staff?

Yes Somewhat No

Would you recommend SYWEP to other students?

Yes Maybe No

Why or why not?

4) Education and Career Plans

Are you currently employed with your host employer?

Yes No

If yes, is it:

Part-time Full-time

5) Program Improvement

What suggestions do you have for improving SYWEP?

What should we keep the same?

6) Final Comments

Any additional comments or advice for future participants?
