

BRUCE BLAKEMAN
NASSAU COUNTY EXECUTIVE



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EXECUTIVE DIRECTOR

**COUNTY OF NASSAU
COMMISSION ON HUMAN RIGHTS**

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www.nassaucountyny.gov/HRC

Summer Aide opportunities:

The Nassau County Human Rights Commission (NCHRC) offers a Summer Aide program in the summer. All Summer Aide positions are paid positions as per New York State minimum wage and Nassau County minimum wage criteria. College credit is offered for students in conformance with their college or university's requirements. Summer Aides will be assigned different projects based on their area of study and interest, and in coordination with the NCHRC's needs. When the Summer Aide Program is completed, the NCHRC will conduct an exit interview during which the Aide will be evaluated.

ESSAY QUESTIONS:

1. Why do you want to work with the NCHRC and what do you hope to gain from the experience?
2. What is your current career path and how do you want this summer aide to further your abilities?

(Please answer one of the two essay questions)

To apply for Summer Aide, please submit a cover letter, essay (1-2 paragraphs), resume, academic transcript and the intern application addressed to **Rodney McRae** via email:

Zoila Zigler

zzigler@nassaucountyny.gov

SUMMER AIDE EMPLOYMENT PROGRAM

Dear Student:

The following is an outline of procedures and forms that must be adhered to and/or completed to be considered for the Summer Aide Employment Program. The Program runs from May 2nd through September 31st for College Students at \$22/hr. and July 7th through August 30th for High School Students at \$20/hr. Although this does not guarantee employment, chances of an employment assignment are greatly reduced without following these procedures. Please read and sign where indicated. Thank you.

- (1) You must be a continuing student **between the ages of 16 and 26.**
- (2) You must provide a **Resume** and complete the **Application for Position of Summer Aide.**
Provide **Working Papers if you are under age 18** (available at the school nurse).
- (3) You must attend the **Summer Aide Orientation Session.**
- (4) At your orientation, Complete the Employment Eligibility Verification (**I-9 Form** upper half) and complete a **W-4 Form.**
- (5) Provide **2 Forms of ID:** a New York State issued ID card or Driver's License, Current School ID, Passport or your Social Security Card.
- (6) You must be a **Nassau County resident** and wither: **1) born in the U.S. 2) a Naturalized Citizen or 3) a Registered Alien.** If not born in the U.S., you must provide copy of your U.S. Passport or Alien Registration card or Naturalization Certificate.
- (7) You must meet **HUD Guidelines for Low Income Households.** You must have an **Income Certification Form completed and signed by the Head of Your Household,** (usually a parent or guardian).
- (8) You must provide **proof that you are a continuing student.** Must have been in attendance last semester and continuing in the Fall. (School Transcript, Letter of Acceptance, Statement from an official at your school on their stationary).
- (9) **Must NOT accept another County position or be on the County payroll of another County Department or Agency while continuing to work as a Summer Aide. Must sign a Confidentiality Statement.**

My signature will acknowledge that I have read and received a copy of this letter and understand the requirements.

Signature: _____ Date: _____

INCOME CERTIFICATION FORM

STUDENT NAME: _____

ADDRESS: _____

PLEASE COMPLETE THE INFORMATION BELOW FOR ALL THE PEOPLE RESIDING IN YOUR HOUSEHOLD AND THEIR TOTAL INCOME AS REPORTABLE TO THE FEDERAL GOVERNMENT FOR THE YEAR _____

NAME	AGE	RELATIONSHIP	INCOME

TOTAL INCOME: _____

THIS FORM MUST BE SIGNED BY THE HEAD OF HOUSEHOLD OR LEGAL GUARDIAN OR AUTHORITY IN WHOSE HOUSE OR FACILITY THE STUDENT RESIDES. FRAUDULENT OR OTHERWISE INCORRECT INFORMATION MAY LEAD TO FEDERAL INVESTIGATION. FAILURE TO COMPLETE THIS FORM MAY DISQUALIFY STUDENT FROM CONSIDERATION.

HEAD OF HOUSEHOLD: _____ DATE: _____

THIS PROGRAM IS ADMINISTERED BY THE NASSAU COUNTY COMMISSION ON HUMAN RIGHTS JOB DEVELOPMENT CENTER.

PLEASE PROVIDE PROOF OF INCOME WHICH CONSISTS OF: CURRENT OR MOST RECENT W2 TAX FORMS AND/OR PAY STUBS.

List an academic and/or professional reference as desired.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

In the space provided, please explain your interests in school and your personal life, and what interests you about government work: _____

County Departments (Choose Two)

<input type="checkbox"/> Human Resources	<input type="checkbox"/> Human Rights Commission	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Parks and Recreation	<input type="checkbox"/> Consumer Affairs	<input type="checkbox"/> Comptroller
<input type="checkbox"/> County Executive Office	<input type="checkbox"/> Department of Assessment	<input type="checkbox"/> DA Community Relations
<input type="checkbox"/> Treasurer	<input type="checkbox"/> Hispanic Affairs	<input type="checkbox"/> Health Equity
<input type="checkbox"/> NCPD	<input type="checkbox"/>	<input type="checkbox"/>

Diversity/EEO Statement

Diversity, Equity, Inclusion & Equal Employment Opportunity at Human Rights affirms that inequality is detrimental to our associates, our clients, and the communities we serve. Our goal is to impact lasting change through our actions. Together, we unite for equality and equity. Human Rights is committed to equal employment opportunities regardless of any protected class characteristic, including race, color, genetic information, creed, national origin, religion, sex, affectional or sexual orientation, gender identity or expression, lawful alien status, ancestry, age, marital status, or protected veteran status and will not discriminate against anyone on the basis of a disability.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that the work of the NCCHR is confidential and agree to abide by the terms Nassau County Code of Ethics, which I have reviewed prior to signing this document.

Signature: _____ Date: _____