CITY OF SACRAMENTO  
Youth, Parks, & Community Enrichment

Landscape and Learning  
Youth Employment Program

**YOUTH AIDE**  
Job Announcement – Spring 2020

The Landscape and Learning program is an employment program operated by the City of Sacramento, Department of Youth, Parks, & Community Enrichment for young people between 14 and 17 years of age. Youth are hired to **work six hours per day, Saturday and Sunday**. Youth Aides work in groups, including an adult supervisor, providing park maintenance in city parks. Typical duties include general weeding, trimming and restroom cleaning. **Youth Aides are required to wear boots.** Hiking boots are acceptable.

Print clearly using **black or blue ink**. If any portion of your application is incomplete or not readable, your application will not be considered for employment.

**SALARY:** $13.00 per hour

**HOURS:**  
Saturday and Sunday; 6 ½ hours per day (includes a ½ hour unpaid lunch)  
8:00am – 2:30pm

**DATES:**  
Saturday, March 14, 2020 – Sunday, June 7, 2020

**DEADLINE:** Monday, January 6, 2020 (4:00pm)**

ALL YOUTH MUST MEET THE FOLLOWING REQUIREMENTS AND SUBMIT THE FOLLOWING INFORMATION:

**AGE:**  
Applicants must be 14 to 17 years old on Saturday, February 8, 2020.

**RESIDENCE:**  
Applicants MUST reside within the city limits of the city of Sacramento. Please note: not all Sacramento address are within the city of Sacramento city limits.

**CITIZENSHIP:**  
Applicants must be able to submit right to work documents that establish both identity and employment authorization. The most common acceptable documents are a photo identification card and signed social security card. **Documents are due at the time of employment (please do not submit with this application packet).**

All five (5) forms attached must be completed and submitted to:  
City of Sacramento- Belle Cooledge Community Center  
5699 South Land Park Drive  
Sacramento, CA 95822  
FOR ADDITIONAL INFORMATION, PLEASE CONTACT (916) 808-8929

Applications will NOT be accepted after Monday, January 6th at 4:00PM, no exceptions.  
Postmarks, faxes and email are not accepted.

**Please note the Belle Cooledge Community Center will be open on January 6th to accept applications.**

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER
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EMLOYMENT APPLICATION

CITY OF SACRAMENTO
Youth Aide Application
915 I Street Historic City Hall
Sacramento, California 95814-2604
(916) 808-5726
http://www.cityofsacramento.org/personnel

Job Information

| *POSITION TITLE: | Program: | WIOA | L&L |

Personal Information

| * FIRST NAME | MIDDLE INITIAL | * LAST NAME |
| * ADDRESS |
| * CITY | * STATE | * ZIP |
| *HOME PHONE | ALTERNATE PHONE |
| *Email Address: | *Date of Birth: |

| MM/DD/YY |

High School Education

| *High School Name: | * Current Grade: | *City: |

Work Experience

| *Have you previously been employed with the City of Sacramento? | YES | NO |
| If you marked YES, please fill out the box below |
| *Department/Program: | *Dates employed: |

Applicant Declarations

The City of Sacramento is an Equal Employment Opportunity employer. Equal Employment Opportunity (EEO) is federal and state law and City policy that precludes discrimination in employment. It prohibits harassment or discrimination due to a person's ancestry, age, breastfeeding, color, disability, genetic information, gender, gender identity, marital status, medical condition, military and veteran's status, national origin, political affiliation, pregnancy, race, religious creed, sex or sexual orientation, or any other classification protected by federal, state, or local laws, regulations, or ordinances.

https://www.cityofsacramento.org/HR/Divisions/Office-of-Civil-Rights/EOO

I certify that all statements in this application are true and complete. I agree and understand that any misstatement or omissions of material facts herein will cause forfeiture on my part of all rights to employment by the City of Sacramento. I understand that if I do not meet the announced requirements, I will be eliminated from the eligibility process, and that applications must be received by the WIOA/ L&L Employment Coordinator on the final filing dated specified. I hereby authorize the City to verify the accuracy of the information I have provided on this application.

I have read and understand the above information.

X ____________________________                             _____________________________
SIGNATURE OF APPLICANT                                                               DATE
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### Section A

**NOTE TO APPLICANT:** The completed section A is confidential and will be detached from your application. The information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal opportunity and recruitment effort.

Gender: ☐ Female  ☐ Male

### Reasonable Accommodation

**Disability:** Do you have a disability and require accommodation during the examination process?

** A person with a disability is an individual who: (1) has a physical or mental impairment that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record of such an impairment; (3) is regarded as having such an impairment. The Department of Human Resources will make efforts to provide reasonable accommodations to the candidates with disabilities in the examination process. **

☐ YES  ☐ NO

### Ethnic Origin (Check ONE only)

☐ American Indian or Alaskan Native Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

☐ Asian Person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian Subcontinent (this includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

☐ Black Persons having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander Persons having origins in any of the origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Hispanic or Latino person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race. This does NOT include persons who acquire a Spanish surname.

☐ White Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Two or More races All person who Identify with more than one of the above six races.

☐ Other

☐ Decline to Answer
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Youth Aide Applicant,

Please read the following agreement and sign at the bottom, in addition your parent/guardian must also sign.

I understand that my son/daughter/self _____________________________ (Print name of Youth Applicant/Employee) may be photographed, videotaped, or interviewed while at work with the Landscape & Learning program. I give permission to the City of Sacramento, Landscape & Learning program to release the images and/or interviews of my son/daughter/self to media organizations, to use them in Landscape & Learning publications and/or to use them in an informational video created about the Landscape & Learning program.

____________________________________   ____________________
Youth Applicant        Date

____________________________________   ____________________
Parent/Guardian Signature      Date
The City of Sacramento, Landscape & Learning Program is committed to providing a variety of opportunities to young people who are hired. A combination of work experience, leadership training, work readiness activities, and exposure to community resources will be offered during the program.

Youth Aides will be traveling to different park sites as part of their work experience. Transportation will be provided by the City of Sacramento.

I authorize the City of Sacramento, Landscape & Learning staff to transport my son/daughter, ________________________, to each work site during the regular work day. (print name of applicant)

_________________________  ________________________
Parent/Guardian Signature    Date

_________________________  ________________________
Daytime Phone Number     Emergency Phone Number
Landscape & Learning Program
Youth Aide Employment Agreement

I, _____________________________, agree to:

• Be supportive and encouraging to my co-workers.
• Be a team player.
• Use acceptable language at all times.
• Not be under the influence or in possession of illegal drugs or alcohol while at work.
• Refrain from the use of tobacco products (cigarettes, chewing tobacco, etc.) while at work.
• Notify my supervisor immediately if I need to be absent or late to work.
• Follow the dress code.
• Use cell phone during work hours for emergency only.
• Bring a lunch with a reusable water bottle each day.
• Be responsible for my own property.
• Be respectful to all co-workers and supervisors.
• Follow all policies and procedures.

____________________________________   __________________
Youth Applicant Signature      Date