

Confederated Salish and Kootenai Tribes

2022 Summer Youth Employment Program

Registration Dates

Beginning: April 11, 2022

Ending on: May 20, 2022 @ 5:30 p.m.

Priority will be given to youth who have submitted a completed application and are recipients of public assistance.

Youth will be given the opportunity to meet with both Tribal Departments and non-tribal employers to demonstrate their interviewing skills. Interviews will be conducted by the Tribal Department prior to beginning work. The six-week training program will begin on June 27, 2022.

Eligibility determination shall be based upon a completed application which reflects all information necessary to determine eligibility and attests that the information on the application is true to the best of the applicant's knowledge and also acknowledges that such information is subject to verification and that falsification of the application shall be grounds for the participant's termination. The participant may also be subject to prosecution under law. (CFR 632.77 (c))

Mandatory Career Fair will be on June 13, 2022 at the Sherri McDonald Hospitality Room at the SKC Gym from 8:00am-3:00pm.

DOCUMENTS NEEDED TO COMPLETE APPLICATION:

- PROOF OF TRIBAL ENROLLMENT
- PICTURE ID
- SOCIAL SECURITY CARD
- BIRTH CERTIFICATE
- CURRENT REPORT CARD or Higher Education Verification

Dear Applicant:

Enclosed is your application for the 2022 Summer Youth Employment Program. Carefully read and complete the 2022 Application for Employment and Pre-Employment Drug Test Agreement. To be a complete application, **ALL** of the following documents need to be submitted:

- 2022 Application for Employment
- 2022 Pre-Employment Drug Test Agreement (The form requires your signature; if you are under 18 years of age, your parent or guardian's signature is also needed).
- Proof of Tribal Enrollment
- Picture ID
- Social Security Card
- Birth Certificate
- Current grade report and attendance record (only those still in school)

Summer Youth applicant needs to apply in person to DHRD at 42487 Complex Blvd Pablo, MT, before May 20, 2022, @ 5:30 pm. Please call and make an appointment to submit the application, complete a brief informal interview with staff, and a drug test will be given to all youth.

No action will be taken to provide services until ALL documentation has been submitted.

Applicant: The following list of documents will be completed after job placement awarded.

- SYEP Work Site Agreement/Contract (before you start work)
- Form W-4 (will complete when placed at a job site)
- Form I-9 (will complete when placed at a job site)
- Emergency notification (will complete when placed at a job site)
- Designation of Beneficiary (will complete when placed at a job site)

You cannot be placed in CSKT's payroll system if any one of the above documents are missing or incomplete.

Age Criteria 14 - 24 years old on or before June 1, 2022

The ultimate responsibility for the selection of participants and maintenance of participant records rests with DHRD & the SYEP Program Manager (CFR 632.77 (b))

We look forward to working with and for you this summer. Should you have any questions regarding registration, please contact Traci Couture, SYEP Program Manager at 675-2700 Ext. 1324 or Josee Drennan-Beck at Ext. 1229.

SUMMER YOUTH EMPLOYMENT APPLICATION

PERSONAL BACKGROUND

NAME: _____ D.O.B: _____ SEX: _____ AGE: _____
Last First Middle

PARENT/GUARDIAN NAME: _____

PERMANENT MAILING ADDRESS: _____
House #, Street / Box # City State Zip

TELEPHONE #: _____
Home Cell Message

YOUTH'S EMAIL ADDRESS: _____

WHAT IS YOUR CONFEDERATED SALISH & KOOTENAI tribal enrollment #: _____ **attach a copy**

If **not** CSKT enrolled, name of Tribe you are enrolled in _____ **attach proof**

Are any members of your immediate family EMPLOYED by the CS&K Tribes: yes _____ no _____
(father, mother, brother, sister, grandfather, grandmother, aunt, uncle)

NAME OF RELATIVE	WHERE EMPLOYED	POSITION HELD	RELATIONSHIP TO YOU
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU SERVED IN THE MILITARY: yes _____ no _____, if yes, attach your most recent DD214.

HAVE YOU REGISTERED FOR THE SELECTIVE SERVICE: yes _____ no _____

DO YOU HAVE A VALID DRIVER'S LICENSE: yes _____ no _____ if yes, **attach copy of license & proof of insurance.**

DO YOU HAVE ANY ALLERGIES: yes _____ no _____ if yes, list allergies: _____

ARE YOU ON ANY KIND OF MEDICATION: yes _____ no _____ if yes, list medication, & reason for it: _____

DO YOU HAVE ANY TYPE OF DISABILITIES/IMPAIRMENTS? Yes _____ no _____ if yes, please describe and provide a medical statement: _____

DO YOU REQUIRE SPECIAL ACCOMMODATIONS? _____

LIST ALL HOUSE HOLD MEMBERS

Last Name	First Name	M.I.	D.O.B.	Relationship
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Last Name	First Name	M.I.	D.O.B.	Relationship
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Last Name	First Name	M.I.	D.O.B.	Relationship
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Last Name	First Name	M.I.	D.O.B.	Relationship
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Last Name	First Name	M.I.	D.O.B.	Relationship
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EDUCATION & TRAINING BACKGROUND

Name of high school: _____ **highest grade completed in 2021-2022:** _____

Do you have a G.E.D? YES _____ NO _____ if yes, date received: _____ **ATTACH COPY.**

Name of college, Vo-tech or other school: _____

Degree, diploma, or certificate & date(s) received: _____

Education level: *** Attach a copy of report card or High School Diploma/GED/HISET**

____ Student

____ High School Diploma/GED

____ Post High

EMPLOYMENT BACKGROUND-include previous SYEP jobsites.

Current employer: _____ dates of employment: _____

Position held: _____ Name & title of supervisor _____

DUTIES: _____

Previous employer: _____ dates of employment: _____

Position held: _____ Name & title of supervisor _____

DUTIES: _____

EMPLOYMENT QUESTIONNAIRE

1. Name 2 short-term goals you have for yourself and a date you would like to achieve each goal _____

2. Name 2 long term goals and the steps you will take to achieve them. _____

3. What do you consider 2 of your greatest strengths? Why are these strengths? _____

4. Name 2 of your weaknesses. What are you doing to overcome these weaknesses? _____

5. What would be your top 3 career choices? For each choice, give 2 reasons why would you like to work in this field? _____

6. Are you struggling in any of your classes at school? Which subject(s)? Have you asked for help with these subjects? If not, why haven't you asked for help? If yes, did you receive help? _____

7. If you could live anywhere in the world, where would it be? Why would you want to live there?

8. Why do **you** want to participate in the Summer Youth Employment Program (SYEP)? _____

9. Who is filling out your application? If it isn't you, why is someone else filling out your information and thoughts on this application? _____

10. What would be your top 3 choices for job placement for SYEP? For each choice, give 2 reasons why would you like to work at these jobs? _____

2022 PRE-EMPLOYMENT DRUG TEST AGREEMENT

Date: _____ Applicant's Social Security Number: _____ - _____

Applicant's Name: _____

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I also understand that portions of this application may be released to prospective job sites to be used as a basis for possible employment.

I acknowledge that SYEP is federally funded and per government guidelines I will be required to take a pre-hire drug test. The test will be scheduled through the SYEP Program at the DHRD office. I have been informed that a picture ID is required in my possession for the drug test and I may be accompanied by DHRD staff while taking the drug test. I further acknowledge that my parent or legal guardian will be informed of the results for any drug test found positive. A positive drug test will make me ineligible for employment. A referral will be made on behalf of my parent/guardian and me (applicant) to Mental Health & Addictions Program at the Tribal Health Department. **I agree to not start working in a SYEP position until notified by the SYEP office.** I also understand that if I do start work without approval, any wages due me will not be paid by DHRD/SYEP.

Applicant

Date

I, undersigned responsible parent/guardian, have read the above statement and hereby give consent for my dependant to participate. I further understand that registration for the 2021 Summer Youth Program does not guarantee placement in the Summer Youth Employment Program.

Parent or Legal Guardian

Date

(Signature required if youth is under age 18 and Not legally emancipated per 20 CFR Part 632.77 (C)).

DO NOT WRITE BELOW THIS LINE

SIGNED PRE-EMPLOYMENT DRUG TEST AGREEMENT RECEIVED BY:

DHRD SYEP staff

Date

Date Application Completed: _____ DHRD Staff Initial: _____

Drug Test Date: _____ Results: _____

PLACEMENT SITE: _____

SUPERVISOR: _____ TELEPHONE#: _____

DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT DRUG TESTING RECORD FORM (ORAL SWAB)

Department of Human Resource Development
P.O. Box 278
Pablo, MT 59855
1-406-675-2700 Ext. 1324
Fax 1-406-275-2775

DHRD will do their own Drug Testing by administering oral swab.

Client Name (Print): EXAMPLE PAGE

DRUG NAME	SYMBOL	NEGATIVE	POSITIVE	N/A
COCAINE	COC	_____	_____	_____
MARIJUANA	THC	_____	_____	_____
OPIATES	OPI	_____	_____	_____
AMPHETAMINES	AMP	_____	_____	_____
METHAMPHETAMINE	MET	_____	_____	_____
OXYCOTIN/CODONE	OXY	_____	_____	_____

CERTIFICATION

I hereby agree to submit to an oral swab for the purpose of testing for drug metabolites. The specimen provided is my own and has not been substituted or altered.

Example Page Do Not Sign This Page

Client Signature

Date

Collector Signature

Date

I _____ disagree with the above test and would like to go the Ronan St Luke's Lab for testing. I understand that if the test comes back positive from St Luke Hospital I will be responsible to pay the testing fee of \$90.55. But if it comes back negative DHRD will be responsible for the payment.

Confederated Salish and Kootenai Tribes
INTERAGENCY

CONSENT FOR RELEASE OF INFORMATION

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIOA, SYEP, LIHEAP, NEW, GA, Indian Elderly Program, Vocational Rehabilitation Program, Child Support Enforcement Program, Intervention Services (CPS, Foster Care, IIM 4-E, 2nd Circle) Transportation/Transit and CSKT Tribal Council.

I, authorize the above named programs to share, exchange, give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Programs in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following:

INITIAL EACH PLACE YOU GIVE PERMISSION TO RELEASE INFORMATION.

1. _____ Tribal Personnel/Payroll Office: (Drug Test results, payroll data, etc.), etc.
2. _____ Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)
3. _____ Tribal Health Department – THD (all THD programs especially _____).
4. _____ Tribal Education Department – TED (educational awards, grades, referrals), etc.
5. _____ Salish Kootenai College/ALC/ABE Programs – (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
6. _____ Montana State Offices of Public Assistance – (Flathead, Lake, Missoula, Sanders County)
7. _____ Landlord/Mortgage institutions/Fuel vendor (i.e. Salish Kootenai Housing Authority, Ronan Housing Authority, Eagle Bank, Mission Valley Power), (Rent amount, household heating/cooling vendor, household compositions, lease compliance, residency), etc.
8. _____ Public Schools – (verify attendance of minor children in general school and at IEP sessions)
9. _____ Tribal Police – (CPS referrals and outstanding warrants.), etc.
10. _____ Probation Adult/Juvenile – (Truancy, Community services and other requirements)
11. _____ Tribal Court – Community Services and Court Orders, etc.
12. _____ Division of Lands – (verify Land Lease), etc.
13. _____ Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
14. _____ MT Healthy Kids Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
15. _____ Tribal Enrollment & Per Capita statement – _____
16. _____ Social Security Administration, MT Disability Bureau, Veteran’s Administration – Verify income
17. _____ Social Service, Child/Adult Protective Service, Foster Care, Second Circle, GA, Trust Management
18. _____ EMPLOYER NAME: _____ ADDRESS: _____ PHONE: _____
19. _____ Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)
20. _____ State TANF Programs (to get the number of months for the Federal Time Clock) _____
21. _____ Bureau of Indian Affairs (Individual Indian Monies IIM Account) verification
22. _____ CSKT Individual Indians Monies Account need current balance for _____
23. _____ Child Support Enforcement Division Case/TCSEP _____
24. _____ Other _____
25. _____ Potential employers found by DHRD TANF-WOIA list

I understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I understand that I may cancel this Consent for Release of Information, in writing at any time.

Print Name - Applicant/Parent or Guardian

Date

Sign Name

Date

Witness

Date

THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM _____ TO _____.

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

Applicant/Parent or Guardian Signature

Date

Frequently Asked Questions

Q1. If I complete the 2022 Summer Youth Employment Program Application am I guaranteed a summer work experience placement?

A1. NO. The program does not guarantee a summer experience to every youth who applies.

Q2. Should I mail the completed application to the Department of Human Resource Development Office?

A2. NO. Application needs to be dropped off by the youth as we will perform informal interviews and Pre-hire Drug Tests at that time. Bring it to the SYEP Office located at DHRD 42487 Complex Blvd. Pablo, Montana.

Q3. If I am selected for a summer work experience job, how will I be notified?

A3. Notification of acceptance will be mailed to the address that appears on your Application.

Q4. How much will I be paid?

A4. You will be paid \$9.00 per hour. You will be paid for the actual hours worked. No benefits, over-time or holiday pay.

Q5. Can I be assigned to the same training site I had last summer?

A5. NO. The Department will not place participants at the same site doing the same job as last year. This program is an employment training program. The object of summer employment training is to gain valuable work experiences.

Q6. Can the supervisor request a time extension of hours?

A6. YES but there is no guarantee that funds will be available for extension.

Q7. What number can I call if I have any questions or concerns?

A7. The telephone number is (406) 675-2700 ext. 1324 or ext. 1229.

Q8. Will SYEP provide transportation to and from the work site?

A8. NO, the parent, guardian, or person responsible for the youth's needs is responsible for the participant's transport to & from the work site. You can contact DHRD transportation for the possibility of rides to & from work.

Q9. Can I still participate in SYEP for 2022 if I fail to attend the mandatory Career Fair?

A9. NO. Failure to attend the Career Fair will make applicant ineligible for the 2022 SYEP.