

Confederated Salish and Kootenai Tribes

2021 Application

Summer Youth Employment Program

Registration

Beginning: April 19, 2021

Ending on: May 13, 2021 @ 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 Tribal Departments and demonstrate their interview skills. Interviews will be conducted by the Tribal Department prior to beginning work. The six-week training program will begin on **Monday, June 21, 2021**.

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))

Department of Human Resource Development (DHRD)

Summer Youth Employment Program

P.O. Box 278, Pablo, MT 59855

675-2700 ext. 1324

DOCUMENTS NEEDED TO COMPLETE APPLICATION:

- PRE-EMPLOYMENT DRUG TEST AGREEMENT
- PROOF OF TRIBAL ENROLLMENT
- PICTURE ID
- SOCIAL SECURITY CARD
- BIRTH CERTIFICATE
- CURRENT REPORT CARD

Dear Applicant:

Enclosed is your application for the 2021 Summer Youth Employment Program. Carefully read and complete the 2021 Application for Employment and Pre-Employment Drug Test Agreement. To be a complete application, **ALL** of the following documents need to be submitted:

- 2021 Application for Employment
- 2021 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)

Return the completed forms before **May 13, 2021**. Our office is located at 42487 Complex Blvd. Pablo, Montana. Office hours are Monday - Thursday, 7 a.m. - 5:30 p.m. After hours drop box is located at the front door at DHRD.

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.

- 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 is incomplete.

Age Criteria 14 - 24 years old on or before June 1, 2021

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.

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

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, auntie, uncle)

NAME OF RELATIVE	WHERE EMPLOYED	POSITION HELD	RELATIONSHIP TO YOU
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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
Last Name	First Name	M.I.	D.O.B.	Relationship
Last Name	First Name	M.I.	D.O.B.	Relationship
Last Name	First Name	M.I.	D.O.B.	Relationship
Last Name	First Name	M.I.	D.O.B.	Relationship
Last Name	First Name	M.I.	D.O.B.	Relationship
Last Name	First Name	M.I.	D.O.B.	Relationship
Last Name	First Name	M.I.	D.O.B.	Relationship

EDUCATION & TRAINING BACKGROUND

Name of high school: _____ *highest grade completed in 2020-2021:* _____

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**
 _____ Dropout _____ Student _____ High School Diploma/GED _____ Post High

EMPLOYMENT BACKGROUND

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. Tell me about yourself: _____

2. What are your long term goals in life? _____

3. What is your short term goal? _____

4. What are your strengths? _____

5. What are your weaknesses? _____

6. How well can you handle pressure? _____

7. Where do you want to work? _____

8. Do you prefer indoor or outdoor employment? _____

9. What are your educational goals? _____

10. If you could be any Super Hero, who would it be & why? _____

11. What class, or classes, have you taken in school/college that would complement your summer work experience? _____

2021 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

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.

<h2 style="margin: 0;">CONSENT FOR RELEASE OF INFORMATION</h2>
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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, TANF Cash Assistance, Commodities, Dire Need, WIOA, SYEP, LIHEAP, NEW, General Assistance, FEMA, Indian Elderly Program, Vocational Rehabilitation Program, WIC and DHRD Social Service (Child Protective Service, Adult Protective Service, Foster Care, Second Circle, etc).

I/We, authorize the above named programs to share, exchange and 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 Program 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 LINE.

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 - THHS (Mental Health, Alternate Resource, WIC, Substance Abuse program), etc.
4. _____ Tribal Education Department – TED (educational awards, grades, referrals), etc.
5. _____ SKC 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. _____ Salish Kootenai Housing Authority – SKHA (Rent amount, 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 Children’s Health Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
15. _____ Tribal Enrollment: _____
16. _____ Social Security Administration, MT Disability Bureau, Veteran’s Administration – Verify income
17. _____ CSKT Tribal 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. _____ Per-Capita statements: _____
24. _____ Child Support Enforcement Division Tribal & State of Montana / Tribal Child Support Enforcement Program
25. _____ Other _____
26. _____ Potential employers found by DHRD TANF-WIOA list

I/We 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/our family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I/We understand the I/We may cancel this Consent for Release of Information, in writing at any time.

Print Name – Applicant	/	Signature	/
Date		Date	

Print Name - Parent or Legal Guardian	/	Signature	/
Date		Date	

Witness	/	Date
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THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM _____ TO _____

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

Applicant/Parent or Legal Guardian Signature	Date
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Frequently Asked Questions

Q1. I registered for the 2020 SYEP last year, am I still required to register for this year's program?

A1. Yes

Q2. What are the eligibility age requirements for the 2021 Summer Youth Employment Program?

A2. To apply for the program, you must fall within the age limit. Youth who are 13 years old, must turn 14 by June 1, 2021 and be a recipient of public assistance.

Q3. How do I apply for the 2021 Summer Youth Employment Program?

A3. Complete the 2021 Summer Youth Employment Program Application; have your parents or guardian sign the 2021 Pre-employment drug test agreement (if you are a Minor); and bring both forms and the required documents to:

DHRD Front Door or drop box at the front door. 42487 Complex Blvd. Pablo, Montana.

Q4. What documents are required?

A4. Proof of tribal enrollment, Identification (2 types of ID, 1 with picture), Social Security Card, Certified Birth Certificate, Pre-Employment Drug Test Agreement, current grade report.

Q5. If I complete the 2021 Summer Youth Employment Program Application and return it along with the Pre-employment drug test agreement and the required documents to the SYEP Office before the deadline, am I guaranteed a summer experience?

A5. No. The program does not guarantee a summer experience to every youth who applies. However, early submission of an application greatly enhances your chances to securing a summer assignment, as employment is on a first come first served basis.

Q6. What is the deadline for submitting the 2021 Summer Youth Employment Application and Pre-employment drug test agreement?

A6. May 13, 2021 @ 5:30 pm

Q7. Should I mail the completed application to the Department of Human Resource Development Office?

A7. NO. We ask that the application is dropped off by the youth as we will perform informal interviews at that time. Bring it to the SYEP Office located at DHRD 42487 Complex Blvd. Pablo, Montana.

Q8. If I am selected for a summer work experience job, how will I be notified?

A8. Notification of acceptance will be mailed to the address that appears on your Application.

Q9. When does the 2021 Summer Youth Employment Program begin?

A9. The program begins on June 21, 2021 and ends on July 31, 2021.

Q10. How much will I be paid?

A10. You will be paid \$8.00 per hour. You will be paid for the actual hours worked. No benefits, over-time or holiday pay.

Q11. Can I be assigned to the same training site I had last summer?

A11. 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.

Q12. Can the supervisor request a time extension of hours?

A12. Yes but there is no guarantee that funds will be available for extension.

Q13. What number can I call if I have any questions or concerns?

A13. The telephone number is (406) 675-2700 ext. 1324.

Q14. Will SYEP provide transportation to and from the work site?

A14. 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.

Q15. Why would I need to complete paperwork for a policy report and background check?

A15. Anyone 18 & older who will be working with elders or children will be required to complete a background check to confirm that they do not have a history of crimes against another person.