

ANETH CHAPTER

SUMMER YOUTH EMPLOYMENT PROGRAM ELIGIBILITY REQUIREMENTS

Aneth Chapter must follow the Rules, Regulations, and Guidelines provided by the funding agencies. Policies such as:

1. Must be Navajo with a Census Number
2. Must be a resident of Aneth Chapter service area
3. Unemployed seven days prior to closing submitting application
4. Must be economically disadvantaged
5. If under the age of 18, parents must be registered with Aneth Chapter.
6. Must be registered with Selective Services (for males)

Please submit the following documents before the established closing date:

1. Copy of Social Security Card (applicant only)
2. Certificate of Indian Blood or Family Card of all family members.
3. Most Current Family Income Statement received by each Family Member for the *past (6) months*:
 - Payroll Check Stubs from Employers
 - Letter of Income from General Assistance
 - Supplemental Security Income (SSI) Benefits
 - AFDC or Food Stamps
 - Social Security Benefits
4. Copy of Applicant's Voter Registration
(If under the age of 18, provide copy of parent's voter's registration)
5. College Admission Letter or Verification of Enrollment
6. Aneth Chapter Employment Application
7. Letter of Interest



ANETH CHAPTER

Employment Application

PLEASE PRINT ALL INFORMATION

For DPM Use Only

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME
OTHER NAMES USED IF APPLICABLE	MAILING ADDRESS	CITY	STATE ZIP CODE
DRIVER'S LICENSE NUMBER	TYPE <input type="checkbox"/> CDL <input type="checkbox"/> OPERATOR	CLASS:	STATE EXPIRATION DATE (MM/DD/YYYY)
TELEPHONE NUMBER	MESSAGE NUMBER	E-MAIL ADDRESS	
ARE YOU AN ENROLLED MEMBER OF THE NAVAJO TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE CENSUS NUMBER <small>If not previously submitted, please attach copy of CIB</small>	IF NO, STATE NATIONALITY	DATE OF BIRTH (MM/DD/YYYY)
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If not previously submitted, please provide a copy of DD Form 214/215</small>	DO YOU WISH TO CLAIM VETERANS' PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If Yes, please attach an Application for Veterans' Employment Preference</small>		
ARE YOU CURRENTLY EMPLOYED WITH THE ANETH CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION INFORMATION

REQUISITION NUMBER	POSITION NUMBER	POSITION TITLE
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EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED (MM/YY)		GED/DIPLOMA/DEGREE RECEIVED	MAJOR/MINOR
	FROM	TO		
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL				

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING

LIST JOB RELATED SKILLS:

The Aneth Chapter gives preference to eligible and qualified applicants in accordance with the Navajo Preference in Employment Act (NPEA) and the Veterans' Preference

REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position you are applying for.
Do not repeat names of supervisors listed under work history.

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? * YES NO IF YES, GIVE DATE AND REASON.
ATTACH ADDITIONAL SHEET IF NECESSARY

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE? * YES NO
IF YES, GIVE DATE AND REASON

* A conviction does not automatically disqualify you, however, an incomplete answer will result in an incomplete application

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED WITH THE ANETH CHAPTER? YES NO

NAME/ DEPARTMENT:

RELATIONSHIP:

NAME/ DEPARTMENT:

RELATIONSHIP:

EMPLOYMENT HISTORY

(Do not indicate "See Resume". Begin with current or most recent position.)

EMPLOYER'S NAME AND MAILING ADDRESS

DATES EMPLOYED
(MM/DD/YYYY)

JOB TITLE

FROM TO

TELEPHONE NUMBER

REASON FOR LEAVING

IMMEDIATE SUPERVISOR:

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS

DATES EMPLOYED
(MM/DD/YYYY)

JOB TITLE

FROM TO

TELEPHONE NUMBER

REASON FOR LEAVING

IMMEDIATE SUPERVISOR:

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND MAILING ADDRESS			DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
			FROM	TO	
			TELEPHONE NUMBER		REASON FOR LEAVING
			IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES					

EMPLOYER'S NAME AND MAILING ADDRESS			DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
			FROM	TO	
			TELEPHONE NUMBER		REASON FOR LEAVING
			IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES					

EMPLOYER'S NAME AND MAILING ADDRESS			DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
			FROM	TO	
			TELEPHONE NUMBER		REASON FOR LEAVING
			IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES					

EMPLOYER'S NAME AND MAILING ADDRESS			DATES EMPLOYED (MM/DD/YYYY)		JOB TITLE
			FROM	TO	
			TELEPHONE NUMBER		REASON FOR LEAVING
			IMMEDIATE SUPERVISOR:		
DESCRIBE DUTIES AND RESPONSIBILITIES					

PRE- EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE ANETH CHAPTER. MY SIGNATURE BELOW AUTHORIZES THE ANETH CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK, AND HEREBY AUTHORIZE ANETH CHAPTER TO INVESTIGATE MY BACKGROUND TO DETERMINE ANY AND ALL INFORMATION OF CONCERN AS TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION.

ADDITIONALLY, YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY RECORD, MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT HISTORY THROUGH AN INVESTIGATIVE OR CREDIT AGENCY OR BUREAU OF YOUR CHOICE. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO THE INVESTIGATING SERVICE.

SIGNATURE _____

DATE _____

ANETH CHAPTER
SUMMER YOUTH EMPLOYMENT PROGRAM

This section needs to be filled out by the Employer you selected

Duties of Participant:

Skills to be Learned by Participant:

Machines Participant will Operate(If any):

Hours Participant will Work:

Nature and Extent of Manual Labor Involved:

Submitted by:

Worksite Supervisor Signature

Date

Participant Signature

Date

Account Maintenance Specialist/Coordinator

Date

ANETH CHAPTER

Parental Consent Form for Summer Youth Employment Program

This form is recommended for Aneth Chapter use to obtain approval and consent for Aneth Chapter's Summer Youth Employment Program (SYEP) prospective applicants to participate in employment activity. This form is required for use with a description of work activity and necessary tools/equipment to perform work which is to be provided by worksite supervisors. It is recommended that parents keep a copy of the form and contact the worksite supervisor or Aneth Chapter in the event of any questions or in case emergency contact is needed.

First name of participant and middle initial _____ Last name _____
Address _____ City _____ State _____ Zip _____
Birth date _____ Age during activity _____
Worksite location _____ Worksite supervisor _____
Job title _____

To be completed by participant and parent/legal guardian:

I understand that participation in SYEP activities involves a certain degrees of risk and can be physically and mentally emotionally demanding. I have carefully considered the risk involved and have given consent for myself and my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules, regulations, and standards of conduct. I release the Aneth Chapter, the selected worksite location _____ and its activity coordinators as well as all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby [] DO / [] DO NOT give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/Guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact) _____