

SENECA NATION EMPLOYMENT & TRAINING DEPARTMENT

SUMMER YOUTH 2013

AGES 14 TO 21

Applications available May 1

DEADLINE May 31 - 4:30 PM

Summer Youth Employment is July 8 to August 16, 2013

REQUIRED DOCUMENTS CHECKLIST

Only completed applications with required documentation will be accepted.

At least one of the documents must be Photo ID. Some documents may satisfy more than one category. Please submit copies of the following:

AGE (Birth Certificate REQUIRED)

RESIDENCY (2 forms – with **student name** on it; mail, utility bills, report card, cell phone bill, magazine, etc.) Student must be resident of either Cattaraugus or Allegany territory

SENECA NATION ENROLLMENT CARD of CHILD - must be enrolled member of federally recognized nation

IF THE APPLICANT IS NOT ENROLLED SENECA AND MOTHER IS NON-NATIVE AND FATHER IS ENROLLED SENECA: THEN A COPY OF **SENECA NATION ENROLLMENT CARD OF FATHER IS REQUIRED.**

STUDENT HIGH SCHOOL DIPLOMA/GED OR Proof of enrollment in High School OR GED program (Most recent Report card and/or IEP)

STUDENT SOCIAL SECURITY CARD

STUDENT SELECTIVE SERVICE-Registration Acknowledgment Card; All males over age 18 must register to receive services per WIA Regulations Section 189(h) www.sss.gov

PROOF OF INCOME – Parents and Student’s Income – ACCEPTABLE TYPES OF PROOF

- Last four consecutive pay stubs if applicable
- W2 form and one (1) current dated pay stub
- Dated Pension Award letter - CURRENT
- Dated SSA/SSI Award letter (must include STUDENT name, benefit # and date)
- Unemployment Benefit Document - CURRENT
- Current EBT Card and a receipt (must include STUDENT name, benefit # and date)
- Official letter from Social Services (must include STUDENT name, benefit # and date)
- Benefit Budget letter (must include STUDENT name, benefit # and date)
- Layoff notice - CURRENT
- Zero Income form - NOTARIZED

CURRENT WORKING PAPERS-If STUDENT turns age 16 *during* the program, STUDENT will be required to submit a current Working Paper. **Working papers required at time of application deadline MAY 31, 2013 NO EXCEPTIONS**

- 14 and 15 years of age at time of application deadline
- 16 and 17 years of age at time of application deadline

CUSTODIAL PAPERS – IF APPLICABLE

If you fail to submit ***all required documents*** your application will be returned to you. ***Priority*** is for students that ***have not*** worked in past Summer Youth Employment program. Completing this application does not guarantee placement into the program. Employment slots are based on availability of funding.

Pre-Employment Drug Screen Required

If you need assistance in completing this application please call
(716) 532-1033 for Cattaraugus Territory or (716) 945-8120 for Allegany Territory

SUMMER YOUTH EMPLOYMENT
Application for Services

___ T-477
___ T/F
___ TVR
FOR OFFICE USE

Section I – Personal Information

Name _____ DOB ____/____/____

Social Security (Attach Social Security Card) # _____ - _____ - _____

Age: 14 15 16 17 18 19 20 21 **Attach Birth Certificate of Child, if child non-enrolled, Birth Certificate must note Seneca Father on birth certificate**

Male/Female Veteran Y/N

Phone# (____) _____ Parent/Guardian (name) _____

Msg# (____) _____ Contact# _____

Cell# (____) _____ Emergency Contact Name _____

Relationship _____

Work# (____) _____ Emergency Contact #(____) _____

E-mail _____ **Registered with Selective Service Y/N Attach Selective Service Registration.**

All males over the age of 18 applying for workforce services funded by WIA are required to register to be eligible for services (Section 189(h) of WIA). Online registration at Selective Service System's Web site: www.sss.gov.

Home Address **Mailing Address – This is where the W-2 will be mailed**

How long have you lived in the service area? **Less than 30 days** **under 1 year** **1-3 yrs** **3-5 yrs** **over 5 yrs**

Applicant Status: (Check all that apply) This information applies to applicant **and** parent and/or legal guardian

Applicant: ___ Student ___ Foster Child ___ Teen Parent ___ Independent young adult

Parent: ___ Single Parent ___ Foster Parent ___ Head of Household ___ 2 Parent Family
___ Adoptive Parent ___ Legal guardian ___ Other: _____

CUSTODY ISSUES: Who is Custodial Guardian of Child _____

Household Members: - This includes everyone living in the house: This number is also reflected in Sec.II

___ Total # in Household ___ # of people under 18 ___ # of other dependents

Age: ___ 0-3 ___ 4-5 ___ 6-18

Ethnicity: Attach Child's Nation enrollment card, if child's mother non-enrolled please attach biological Seneca father enrollment card

Name of Nation _____ Enrollment # _____

Education Status: Attach most recent report card

Check current status (1 only) Currently Enrolled in H.S.? **Y / N GRADE:** _____ **School District** _____
____ High school Grad/GED ____ Post –high school Completion year _____ Major _____
____ Dropout Highest grade completed _____ Enrolled in GED **Y / N**

Special Needs or Accommodations:

Do you have a disability or condition which may require special needs or accommodations? YES NO

Attach IEP or 504 Plan or SSI Award Notice

If yes, would you like to be referred to a program that could assist with employment objectives?

YES NO

Section II-Family Income: Parent information or Youth living on own – independent

Employment Status: Parent information or Youth living on own - independent

Currently working? **Y/N** If unemployed, last date of employment _____
Hourly wage\$ _____ Hours per week _____ Have you received notice of pending layoff? **Y/N**
Active Union member? **Y/N** Main occupation _____

Do you **and/or** your child receive **Cash Assistance and/or Food Stamps** at any time during enrollment or 60 days prior? **Y/N** **Attach Public Assistance award letter with name of applicant included on letter**

NAME	Relationship to Applicant	Age	Type of Income	Amount
STUDENT	STUDENT			

Please list **All** people in household including amount and type of Income. **Proof will be required of ALL ADULTS in household.(WORKING & NON-WORKING)**

Attach 4 pay stubs or 2012 W-2 with one pay stub or unemployment payment history or Zero Income form; SEE ‘PROOF OF INCOME’ Definition on “Required Documents Checklist”

Income: Avg. of 4 pay stubs x 52 weeks = Annual

Household Income-ANNUAL: \$ _____

**Section III
Goals/Action Plan**

My future career goal is:

The type of jobs I would like to do:

- A. _____
- B. _____
- C. _____
- D. _____

The extracurricular activities that I do: (in school and out of school activities)

Have you received services from Employment & Training in the past? This would include Tribal 477, Vocational Rehabilitation, or Summer Youth: YES date _____ NO

FACTS YOU SHOULD KNOW

Seneca Nation of Indians requires Pre-Employment Drug Screens prior to any employment offers.

Most Department of Labor sponsored vocational trainings; require mandatory drug testing as condition of application. Therefore participants applying for assistance to DOL sponsored events and wishing to obtain employment will be subject to mandatory drug testing as part of application process. Final acceptance is determined upon eligibility and receipt of the drug test results.

All Applicants Parents and Students must sign Pre-Employment Drug Screen Release as part of Application process

I understand that my application will be reviewed for eligibility. I understand that if I am found eligible I will be contacted by the department to develop an Employment Development plan (EDP). I understand the EDP will assist me in achieving my career goal. **I UNDERSTAND THAT AS AN EMPLOYEE I AM SUBJECT TO RANDOM DRUG TESTING.**

I certify the information is true to the best of my knowledge. I understand this information may be confirmed; deliberate false statements may make me ineligible for services now or in the future. I understand that completing this application does not guarantee placement into the program.

I give I do not give my permission to publish my child's photo for accomplishments/achievements.

Youth Signature _____ **Date** _____

Parent or Legal Guardian _____ **Date** _____

Section IV: Eligibility for services under P.L. 102-477 Program: TO BE COMPLETED BY STAFF

Category 1: (In order of priority) – Membership within Indian Nation (documents submitted)

- ___ 1. Must be enrolled member of the Seneca Nation of Indians (matrilineal society)
- ___ 3. Members of Iroquois Confederacy : (Nation)_____
- ___ 4, Member of other Federally-recognized Indian nation: _____
- ___ 5. Child of a Seneca Father – Non-Native mother

Category 2: Residency requirement (documents submitted)

- ___ 1. Must be resident of Seneca Nation of Indians territory, which is within 20 mile radius of Allegany, Cattaraugus or Oil Springs Territory
- ___ 2. Must have lived within area for thirty (30) days or more

Category 3: Barriers to employment – one or more barriers to be eligible (documents submitted)

- ___ 1. Single head of household
- ___ 2. Deficient in basic literacy skills (computes or solves problems and/or unable to compute or solves problems, reads, writes or speaks English at or below the 8th. Grade level)
- ___ 3. Individual with a disability
- ___ 4. Offender
- ___ 5. Unemployed
- ___ 6. Underemployed as defined in Section 668.150
- ___ 7. Currently employed but in need of services to obtain or retain employment that allows for self sufficiency
- ___ 8. Recipient of a bona fide lay off notice
- ___ 9. High School drop out/No GED
- ___ 10. Lacks Significant Work history
- ___ 11. Homeless, Runaway or Foster Child
- ___ 12. Substance/Alcohol Abuse issues
- ___ 13. Pregnant/Parenting Teen or Single Parent
- ___ 14. Dislocated worker
- ___ 15. Displaced homemaker
- ___ 16. Eligible Youth as defined (WIA Section 101 (13))
- ___ 17. **Recently separated Veteran – DD214**
- ___ 18. High School Student
- ___ 19. College Student

Category 4: Income Eligible – “Low Income Individual” is one who qualifies under various criteria, including an individual who received income for a six-month period that does not exceed the higher of the poverty line or 70 percent of the LLSIL (Lower Living Standard Income Level). (As defined in Title 1-Subtitle A: Section 101 – Definitions: 25)

I have received and reviewed the required documents to begin the eligibility determination for services.

Reviewer Date

This applicant meets the eligibility requirements FOR:

- TRIBAL 477 TRIBAL FUNDING TVR

is not eligible based on information received through the intake process: Reason:

Administration Date

Staff Date

****MUST BE SIGNED BEFORE EMPLOYMENT APPLICATION WILL BE ACCEPTED****

SENECA NATION OF INDIANS

EMPLOYEE DRUG AND ALCOHOL TESTING RELEASE

I, _____(name of applicant or employee), hereby voluntarily agree to submit to any drug test requested and conducted by the Seneca Nation of Indians (the "Nation") which the Nation deems, in its sole discretion, to be reasonably necessary to provide its workers with a safe and healthy working environment.

I, _____(name of applicant or employee), acknowledge that in the course of my employment, and as a prerequisite of employment with the Nation, I may be asked to submit to a random drug test and provide a urine, blood or breath sample and that I hereby consent to such tests in recognition of the Nation's efforts to maintain a drug and alcohol free workplace.

I have read, understand, agree, and consent to the Nation's Drug and Alcohol testing policy as stated above, and recognize that decisions regarding my employment at the Nation may be made from the result of this test.

I AUTHORIZE the Nation, and its physician(s), nurses, technicians or agents to collect a specimen or specimens of my blood, breath or urine for chemical analysis.

I CONSENT to this test for drugs and alcohol and authorize the Nation's testing consultant(s) and testing laboratory to provide test results to the Nation. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with the Nation or may be disciplined.

I hereby indemnify, release and forever discharge and hold the Nation and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such tests, the results, or any lawful use of the results.

Print Name: _____ **Signature:** _____

Last 4 SSN: _____ Date: _____

******If applicant/employee under the age of 18 ******

CONSENT OF PARENT OR GUARDIAN

I hereby certify that I am the parent or legal guardian of _____ (applicant). I hereby agree that I have reviewed and understand this release that the applicant has been asked to execute, and further understand that the applicant will be required to submit to testing for the presence of drugs as a condition of employment. I hereby give my irrevocable consent for the applicant to be tested in accordance with the SNI Drug, Alcohol and Controlled Substance Abuse Policy.

Print Name: _____ **Signature:** _____

Notary Stamp: