

COMANCHE NATION SUMMER YOUTH EMPLOYMENT

&

SUMMER SCHOOL ASSISTANCE



APPLICATIONS ACCEPTED FOR SUMMER 2017

Application Process Begins:

● MARCH 27, 2017 to MAY 5, 2017 ●

AGES: 14 – 24

All Applications will be processed on a First come, First Serve basis!

Documents Required for Completed Application

- ❖ **1 form of Identification** (School Photo ID/OK DL/ State ID/Birth Certificate)
- ❖ **CDIB** (Certificate of Degree of Indian Blood Card/Tribal Census Letter)
- ❖ **Social Security Card** (or Letter from SSA verifying SS#)
- ❖ **Proof of Income** (of parent/guardian or signed Letter of Support)
- ❖ **Proof of Residency** (applicant's/parent's personal mail of any kind)
- ❖ **Proof of Public Assistance** (Food Stamps/Commodities/SSI/TANF/etc.)
 - *If no Public Assistance is received, documentation is not required.*
- ❖ Must have a copy of most recent Report Card (**IF** still enrolled in school)

If you have any questions, please feel free to call the office for more information.

Comanche Nation Workforce [W.I.O.A.] (580) 492-3257 or (580) 492-3644

Comanche Nation Workforce

2017 Summer Youth Employment Program

General Information

Have you ever participated in the Summer Youth Employment Program? Yes No

Employability Development Plan of the SYEP.

- To promote self-esteem and develop proper work ethics in the work environment.
- To introduce Native American Youth into the world of work and gain work experience.
- To introduce Native American Youth to new skills acquired at the worksite.
- To help students and youth determine their career objectives and plans for future goals.
- To establish a foundation of leadership, professionalism, and determination among youth.

Responsibilities of the Coordinator

- Attitude, safety, punctuality, and appropriate dress will be greatly emphasized according to the corresponding worksites.
- Interest of individuals will be obtained for placement at worksites referencing their interest.
- Workshops will be available and utilized to promote the growth of personal and career development.
- Evaluations will be given during employment to ensure all participants are learning new skills and proper work ethics at corresponding worksites.
- Daily check-ups will be utilized to ensure that the participant is in attendance and completing his/her tasks/duties at corresponding worksites.

Responsibilities of the Summer Youth

- ✓ Each participant will complete and sign the following documents for accounting and payroll purposes: **I-9, W-4, MIS (2)**
- ✓ Each participant will be expected to maintain good attendance while at the worksite.
- ✓ Each participant will be expected to follow all rules and regulations related to the SYEP.
- ✓ Each participant will be required to attend all Workshops that the Program will offer.
- ✓ Each participant will be expected to fully complete the six (6) week Summer Program.

It is very important that you fulfill your program obligations. All items listed above will be discussed in full detail at the SYEP Orientation, if Applicant is accepted.

Participant Signature: _____ Date: _____

Coordinator/Counselor Signature: _____ Date: _____



THE COMANCHE NATION OF OKLAHOMA
 Mailing: P.O. Box 908/Physical: 584 NW BINGO RD.
 LAWTON, OK 73502
 Office: (580) 492-3345/(580) 492-3644
 Fax: (580) 492-3770

APPLICATIONS MUST BE COMPLETED BY
 MAY 5, 2017.
 NO EXCEPTIONS!

SYSP INTAKE RECORD

2 SOCIAL SECURITY NO. _____ 3 GENDER (Circle One) MALE FEMALE 4 BIRTHDAY _____ 5 AGE _____ 6 LAST NAME _____ 7 TELEPHONE NO. _____

8 MARITAL STATUS (circle one) 9 EDUCATIONAL STATUS (circle one) 10 SCHOOL ATTENDANCE (circle one) 11 TYPE OF SCHOOL (circle one) 12 Last Grade Completed 13 PRESENT EMPLOYMENT STATUS (CIRCLE ONE)

1. Single
2. Married
3. Divorced
4. Widowed
5. Separated
6. Common law

1. In School, H.S. or less
2. In-School, Post H.S.
3. Not attending school, H.S. Graduate
4. Not attending school, H.S. Dropout
5. Other

1. Full-Time
2. Part-Time
3. Not Attending school
4. Jr./Community College
5. Four Year University
6. Not Applicable

1. Elementary
2. Secondary
3. Trade/Tech/Voc.
4. Non-Eligible Non-Citizen
5. Not Applicable

1. Employed
2. Employed but received termination of employment or military separation
3. Not employed, was employment sought within the last 28 days? [No] [Yes]
LAST DAY WORKED _____

14 STREET ADDRESS (Residence) _____ 15 U.S. CITIZENSHIP (circle one) 16 CULTURAL IDENTIFICATION (circle one) 17 TRIBAL MEMBERSHIP (circle one)

CITY _____ STATE _____ ZIP CODE _____

1. Citizen
2. Eligible Non-Citizen
3. Non-Eligible Non-citizen

1. American Indian
2. Alaskan Native
3. Native Hawaiian

1. Yes-Tribal Affiliation
2. No
3. Not Known

18 VETERANS PREFERENCE (circle one) 19 SELECTIVE SERVICE REGISTRANT (circle one) 20 PUBLIC ASSISTANCE (circle ALL that apply) 21 APPLICANT SHIRT SIZE (circle one) 22 BARRIERS TO EMPLOYMENT (circle all that apply)

1. Less than or equal to 180 days
2. Eligible Veteran
3. Other Eligible Person
4. Not a Veteran

1. Yes
2. No
3. Not Required to Register (Under 18 or female)

1. GA/BIA
2. TANF
3. SSI/SSA/SSDI
4. Food Stamps
5. Foster Child Payments
6. TWEP
7. Food Commodities
8. Veteran Benefits
9. None

1. S
2. M
3. L
4. XL
5. 2XL
6. 3XL
7. 4XL

1. Basic Skills Deficient
2. Low Income
3. Unemployed 6+ Mo.
4. Offender/Criminal Justice
5. Single Head Of Household
6. Pregnant/Parenting Teen
7. Limited English Proficiency
8. Individual with Disability
9. Poor Work History
10. Below Grade Level
11. Homeless
12. Displaced Homemaker
13. School Drop-Out
14. Runaway
15. Youth Additional Asst.
16. Welfare Recipient
17. Learning Disability
18. Not Applicable

23 EMPLOYMENT HISTORY (26 Weeks Pre-Program - Current/Last Job First)

FROM Mo/Day/Yr	TO Mo/Day/Yr	JOB TITLE	HOURLY WAGE	HOURS PER WEEK	REASON FOR LEAVING

24 DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? IF SO, PLEASE INDICATE: No Family Members Employed: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

25 PRIOR PROGRAM PARTICIPATION: 1. NOT APPLICABLE 2. PRIOR PARTICIPANT

INDICATE PRIOR SYSP PROGRAM PARTICIPATION (circle one):

PROGRAM YEAR OF THE MOST RECENT PARTICIPATION: _____ PROGRAM: _____

1 DATE & TIME OF INTAKE

26 FAMILY MEMBERS - List the name(s) of all the applicant's family member(s) LIVING in the home and their relationship.		27 FAMILY INCOME: LIST THE FAMILY		RELATIONSHIP	INCOME SOURCE	INCOME LAST 6 MONTHS	28 FAMILY SIZE	Poverty Guidelines
1.	NAME	RELATIONSHIP	1.	SELF	\$		1	\$12,060
2.			2.		\$		2	\$16,240
3.			3.		\$		3	\$20,420
4.			4.		\$		4	\$24,600
5.			5.		\$		5	\$28,780
6.			6.		\$		6	\$32,960
7.			7.		\$		7	\$37,140
8.			TOTAL INCOME FOR THE LAST 6 MONTHS		\$		8	\$41,320
9.			FAMILY SIZE IN THE LAST 6 MONTHS		\$	X2	Complete if more than 8 people in family.	
10.					TOTAL ANNUALIZED FAMILY INCOME		Family Size	70%LLSIL Non-Metro

29 CERTIFICATION STATEMENT
 I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this intake. It has been explained to and I understand that:

- (1) Information collected on the Intake Record will be entered and stored in the Comanche Nation Workforce Bear Tracks Data Collection system located at the CN Workforce Office at 584 NW Bingo Rd., Lawton, Oklahoma. All or part of the information provided may be shared with the Department of Labor for program performance measurements. I also understand that the information recorded on the Intake Record will be protected in accordance with the Privacy Act.
 - (2) Misstatements or misrepresentations on my part in these or other related forms may be cause for dismissal and possible actions for the collection of any payments received by me. Anyone who makes a false statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury.
 - (3) Should I be deemed ineligible for workforce development by the official verification process, I agree to immediately relinquish Workforce Development funded employment training and I may be liable for all payments made to me and on my behalf while enrolled in the Workforce Development program.
- I hereby authorize the sharing of this information with other CNW programs and their partner agencies if needed. I further understand that eligibility is not a guarantee of program services.

30 ELIGIBLE FOR (circle ALL THAT APPLY)	31 APPLICANT SIGNATURE:	DATE:
1. WIA CSP	PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18):	DATE:
2. NEW		DATE:
3. SYSP		DATE:
4. INELIGIBLE	INTERVIEWER SIGNATURE:	DATE:
32 CERTIFICATION OF PROGRAM ELIGIBILITY (circle all that apply)		
1. CNG 2. SYSP 3. WIA 4. NEW 5. INELIGIBLE		
CERTIFIER SIGNATURE:		DATE:
REVIEWER SIGNATURE:		DATE:

Comanche Nation Workforce

SYEP 2017

Selective Service System (SIL)

P.O. Box 94739

Palatine, IL. 60094-4739

Must complete if 18 or over

Individuals participating in any program established under this Act are required to provide evidence that they have registered with the Selective Service Pursuant to Section 3 of the Military Selective Service Act. This is applicable only to male applicants born after December 31, 1959, who are between the ages of 18 and 26. Therefore, all male applicants who are within the eligible age group must register with the Selective Service.

Below check one that pertains to you:

- I certify that I am not required to be registered with the Selective Service because:
- I am female
 - I am currently in the armed services on active duty.
NOTE: Members of the Reserve and National Guard are not considered on active duty.
 - I have not reached my 18th birthday.
 - I was born before 1960.
 - I am a permanent resident of the Trust Territory of Northern Marianna Islands.
- I certify that I am registered with the Selective Service System.
- Service Number: _____

Participant Signature: _____ Date: _____

Coordinator/Counselor Signature: _____ Date: _____

***Individuals needing registration can be done with the Intake Specialist on the computer.**

****Please attach a copy of online registration or copy of Selective Service Card.**

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Emergency Contact

Participant Name: _____ Phone #: _____

Contact: _____ Relationship: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Parent's Phone Numbers: Home: _____

Cell: _____

Work: _____

By signing this form, you agree to the requirements of the Comanche Nation Workforce Innovation & Opportunity Act's requirements for work experience. YOU, the participant, are responsible for establishing contact with your employer in the event that you are unable to report for work. Failure to comply with the requirements set by the Workforce Innovation & Opportunity Act will result in termination from the Summer Youth Employment Program and **you will not be allowed to participate in the Summer Youth Employment Program for a period of one (1) year following the period of termination.**

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Coordinator/Counselor Signature: _____ Date: _____

Comanche Nation Workforce

SYEP 2017

Drug & Alcohol-Free Policy

In order to ensure a safe, healthy and productive drug-free/alcohol-free work environment for the youth of the Comanche Nation, to protect property and assets, maintain a favorable public image, and to ensure efficient operations, the Comanche Nation **prohibits the use** of drugs, alcohol, smokeless tobacco, and other drug paraphernalia.

Entry upon the premises of the Comanche Nation Complex or any other work site assigned, being at work with drug paraphernalia or under the influence of alcohol, drugs/controlled substances, or any combination thereof, are **grounds for immediate dismissal**. Any Summer Youth participant caught using any type of tobacco products, alcohol, or drugs will be **immediately terminated, NO EXCEPTIONS**.

PRESCRIBED DRUGS:

The following are the prescribed legal drugs (drugs for which I have a prescription) which I routinely take, have taken, or ingested within the past thirty (30) days. **Please list drugs/medication with dosages, frequency, and date last taken or ingested.** If you do not have prescribed or legal drugs which you are required to take, simply mark "none". *Documentation from Hospital Doctor will be required for taking prescribed drugs.*

Prescribed (Please list):

None

All youth participants are required to sign this statement declaring that **they are drug-free** and have read and agree to this policy. A COPY OF THIS POLICY WILL BE GIVEN TO EACH PARTICIPANT. With my signature, I agree to adhere to the above policy of the Comanche Nation Workforce regarding drugs and alcohol. I understand that violation of this policy is **grounds for immediate dismissal and termination** from the Summer Youth Employment Program. A penalty period of one (1) year will be given before I may reapply which will be imposed upon violation.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Coordinator/Counselor Signature: _____ Date: _____

Comanche Nation Workforce

SYEP 2017

Interest Sheet

Interest Sheet **must be filled out completely** by the Summer Youth Participant. If Interest Sheet is not filled out completely, the participant shall be assigned to a random worksite. By filling this form out, the Participant is helping the Coordinator/Counselor assign a position that the Participant can excel in, gain new work skills, and fully complete the Summer Youth Employment Program. *Keep in mind, worksites are limited in some towns and the number of positions is limited and set by the Worksite Supervisor, so the Participant may or may not be assigned desired worksite, depending on these factors.*

Name: _____ Town: _____ Age: _____

Did you participate in the SYEP last year? If so, where were you stationed at?

List any kind of work you have done overall, including home and school:

List any kind of job-related skills you have (if any):

List all of your work habits and/or work behaviors (if any):

If you lack work skills or work experience, what type of duties would you prefer if accepted?

If accepted, would you rather work inside or outside? Why?

If accepted, where would you like to be placed at in the Program? Why?