

SUMMER YOUTH EMPLOYMENT PROGRAM

&

SUMMER SCHOOL ASSISTANCE



Application Process Begins:

● **MARCH 19th, 2018 to April 27th, 2018** ●

AGES: 14 – 24

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

Documents Required for Completed Application of Youth

- ❖ **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** (for ALL working parent(s)/guardian(s) & HH members)
- ❖ **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

SYEP 2018

General Information

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

Employability Development Plan of the S.Y.E.P.

- 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 different worksites.
- To help students and youth determine their career objectives and plan 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, career, leadership, and cultural 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 a 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: _____

Comanche Nation Workforce

SYEP 2018

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 experiences. YOU, the participant, are responsible for establishing contact with your employer in the event that you are unable to report for work and, in the event of an accident, must immediately report it to your Supervisor. 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 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 2018

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/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 put a check by "None Prescribed". *Documentation from Hospital Doctor required for prescribed medication.*

Prescribed (Please list):

None Prescribed: _____

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 by signing this document, I will also submit to a Drug Test, at the Orientation, before my entry into any worksite. I also understand that refusal or violation of this policy is grounds for immediate dismissal and/or 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 2018

Selective Service System (SIL)

P.O. Box 94739

Palatine, IL. 60094-4739

FOR MALES ONLY: 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.**

Comanche Nation Workforce

SYEP 2018

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 job-related skills you have (if any):

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

If you lack job 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?



THE COMANCHE NATION OF OKLAHOMA
 Mailing: P.O. Box 908/Physical: 1608 SW 9th St.
 LAWTON, OK 73502 LAWTON, OK 73501
 Office: (580) 492-3257/(580) 492-3644
 Fax: (580) 492-3770

APPLICATIONS MUST BE COMPLETED BY
 APRIL 27th, 2018.

NO EXCEPTIONS!

1	DATE & TIME OF INTAKE

SYEP INTAKE RECORD REV 1/19/18

2 SOCIAL SECURITY NO. ----	3 GENDER (Circle One) MALE FEMALE	4 BIRTHDAY	5 AGE	6 LAST NAME	FIRST	MIDDLE	7 TELEPHONE NO. () --
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8 MARITAL STATUS (circle one) 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Common law	9 EDUCATIONAL STATUS (circle one) 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	10 SCHOOL ATTENDANCE (circle one) 1. Full-Time 2. Part-Time 3. Not Attending school	11 TYPE OF SCHOOL (circle one) 1. Elementary 2. Secondary 3. Trade/Tech/Voc. 4. Jr/Community College 5. Four Year University 6. Not Applicable	12 Last Grade Completed	13 PRESENT EMPLOYMENT STATUS (CIRCLE ONE) 1. Employed A. Full-Time B. Part-Time C. Underemployed D. In need of services to be Self-Sufficient 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 ___/___/___
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14 STREET ADDRESS (Residence)	ZIP CODE	15 U.S CITIZENSHIP (circle one) 1. Citizen 2. Eligible Non-Citizen 3. Non-Eligible Non-citizen	16 CULTURAL IDENTIFICATION (circle one) 1. American Indian 2. Alaskan Native 3. Native Hawaiian	17 TRIBAL MEMBERSHIP (circle one) 1. Yes-Tribal Affiliation _____ 2. No 3. Not Known
CITY	STATE			
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)	CITY	STATE	ZIP CODE	

E-mail Address: _____@_____	20 PUBLIC ASSISTANCE (circle ALL that apply) 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	21 APPLICANT SHIRT SIZE (circle one) 1. S 2. M 3. L 4. XL 5. 2XL 6. 3XL 7. 4XL	22 BARRIERS TO EMPLOYMENT(circle all that apply) 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
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23 EMPLOYMENT HISTORY (26 Weeks Pre-Program – Current/Last Job First) (Enter the employer's name, address, zip code and telephone number)	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:
 INDICATE PRIOR SYSP PROGRAM PARTICIPATION (circle one): 1. NOT APPLICABLE 2. PRIOR PARTICIPANT

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

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 LAST 6 MONTHS	28 Family Size		Poverty Guidelines
NAME	RELATIONSHIP								
1.	SELF	1.		SELF		\$	1		\$12,140
2.		2.				\$	2		\$16,460
3.		3.				\$	3		\$20,780
4.		4.				\$	4		\$25,100
5.		5.				\$	5		\$29,420
6.		6.				\$	6		\$33,740
7.		7.				\$	7		\$38,060
8.		TOTAL INCOME FOR THE LAST 6 MONTHS				\$	8		\$42,380
9.		FAMILY SIZE IN THE LAST 6 MONTHS				<input type="text"/>	\$	X2 Complete if more than 8 people in family.	
10.		TOTAL ANNUALIZED FAMILY INCOME				\$	Family Size	HHS Guidelines	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:

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