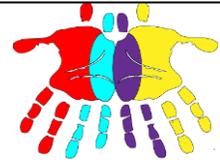


**Summer Youth Employment Application
Social Services Program
FY2020**



PERSONAL INFORMATION – PLEASE PRINT ALL INFORMATION

Today's Date _____

Name _____

Last	First	Middle Initial	Social Security Number
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Present Address _____

Street	City	State	Zip
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Mailing Address (if different) _____

Phone Numbers Cell: _____ Home: _____

Email Address _____
(if you don't have one we will make you one)

PARENT/GUARDIAN INFORMATION – PLEASE PRINT ALL INFORMATION

Head of Household	Are you:	Foster Placement	Guardian	Parent
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Marital Status: Single Married Separated Divorced

Total Monthly Income from employment, SSI, or child support
\$ _____ per month who receives this income? _____

APPLICANT EMPLOYMENT

Position : Online SYEP Applicant **Are You Available June 8-August 14, 2020:** YES NO

If you have worked in any jobs, please list: 1. _____ 2. _____

APPLICANT EDUCATION

High School Name	Last Grade Completed	Hobbies/Interests
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QUESTION 1 – Please explain why you would like to participate in SYEP this coming summer?

QUESTION 2 - Why should you be selected to participate in the SYEP program?

QUESTION 3 - Tell us what you are interested in doing when you graduate high school? What do you want to do for work? Do you want to go to college? What are your hobbies and interests?

REFERENCES: Give below the names of two persons **not related to you**, whom you have known at least one year. One **MUST** be a personal reference and ONE must be a teacher reference with telephone numbers for both.

Name	Telephone Numbers	Occupation	Years Acquainted with You
1	Cell Work		
2	Cell Work		

PHYSICAL RECORD: Do you have any physical condition, which may limit your ability to perform the job applied for? Accommodations can be made for individuals with disabilities. YES* NO

*Explain:

In Case of Emergency Notify

1) Name

Relationship to you Phone Numbers: Cell Home/Work

2) Name

Relationship to you Phone Numbers: Cell Home/Work

For a **COMPLETE** application, please provide the following when turning in your application:

- Transcript with Cumulative GPA
- Attendance Record
- Tribal Enrollment Verification
- Social Security Card
- Income Verification

Applicant AND Parent/Legal Guardian Agreement:

1. I understand that my employment is not guaranteed for any term and that either the Summer Youth Employment Program (SYEP) or I can terminate my employment at any time.
2. I understand that the SYEP maintains a Drug and Alcohol Free workplace environment and overall program. I agree that while I am employed with the SYEP I will not use drugs or alcohol.
3. I understand that the SYEP workshops cover a variety of topics over the summer and that I must attend these workshops in order to continue my employment with the SYEP.
4. I certify that all the answers contained herein are true. I further understand that omission of facts or misrepresentation of any facts requested is cause for dismissal.
5. I understand that any equipment that I receive in order to participate in the program, is for the use of the SYEP program and I take responsibility for replacing said equipment if it is lost, broken, or damaged.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

Phone
Interviewed By _____ Date: _____

Eligible? Y N Selected? Y N Wages \$ /Hour