



CENTRAL COUNCIL  
*Tlingit & Haida Indian Tribes of Alaska*  
 320 West Willoughby Ave, Suite 300  
 Juneau, Alaska 99801  
 Phone 907 463-7171 – FAX 907 463-7321  
 Toll Free Phone: 1-800-344-1432 Ext 7171

## Employment & Training Department Summer Youth Employment & Training Program Application

**Eligibility:**

- Applicants must be 14-21 years of age;
- Applicants must be an enrolled tribal member;
- Applicants must be residing in Southeast Alaska; and
- Applicants must meet income guidelines.
  - TANF - Waiver

**Application Requirements:**

- Complete SYETP Application;
- Written Statement (Page 3);
- Tribal Enrollment Card;
- Social Security Card;
- Identification Documenting Date of Birth;
- Proof of Southeast Residency;
- Proof of Family Income for the Past 30 Days;
- If Applicable, Proof of TANF, APA, UI, SSI;
- If Male and 18-21 Years of Age, Proof of Registering with the Selective Service;
- If 14-16 Years of Age, Parent/Guardian Must Complete Section B on Work Permit Form; and
- Complete all hire paperwork: Notice of Hire, Employment Eligibility Verification and W-4.

**SYETP Information:**

Employment and Training Department administers the Summer Youth Employment & Training Program (SYETP), which is designed to assist tribal youth (ages 14-21) obtain summer employment.

SYETP is currently available in 17 Southeast Alaska communities: Craig, Douglas, Haines, Hoonah, Hydaburg, Juneau, Kake, Kasaan, Ketchikan, Klawock, Klukwan, Pelican, Petersburg, Sitka, Skagway, Wrangell, and Yakutat.

Participants will be interviewed for positions with employers in their community for jobs such as: clerical work, customer service, manual labor, and skilled apprenticeships.

Job & Life Skills Workshops will be held each week and will include such topics as:

- Job Hunting Tips
- Completing an Application,
- Writing a Cover Letter
- Building a Professional Resume
- Making a Follow-Up Phone Call
- Acing the Interview
- Writing a Thank You Letter
- Surviving the Job
- The Power of Choices

*If you have any questions about the program requirements, application or should you need any assistance with completing this application, please contact your local SYETP Coordinator or call CCTHITA at 907-463-7171 or 1-800-344-1432 Ext 7171*

**CENTRAL OFFICE USE ONLY**

Applicant Name, Community		Date Application Received		Date Application Reviewed	
Complete/Incomplete	Date Completed	Approved/Denied	Reason for Denial	Intake Person's Initials	

**CONTACT INFORMATION**

First Name	MI	Last Name	
Prior First Name	Prior MI	Prior Last Name	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Home Phone	Cell Phone	Message Phone	
Social Security Number	Date of Birth	Age	Gender

**PERMANENT CONTACT**

**Note: Provide the following information on an individual who does not live with you, but knows how to contact you if you move. It is important that this person has a telephone.**

Full Name	Relationship	Contact Phone Number
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**PERSONAL DATA**

**Note: Your response is confidential and in no way prevents you from being eligible for services. If needed, attach a separate sheet of paper.**

<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Race/Ethnic Group</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<b>Citizenship</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Other: _____
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Tribal Enrollment Number	Village/Region/ANSCA Corporation
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**Questions**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you a foster child or ward of the state? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you "at risk" for dropping out of school? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you completed high school or obtained your GED? If Yes, When and Where _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you participated in SYETP in prior years? If Yes, When and Where _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on probation or parole? If Yes, Name of Probation/Parole Officer _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under treatment for alcohol/substance abuse? If Yes, When and Where _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently being helped by another agency? If Yes, List Agency _____
<input type="checkbox"/>	<input type="checkbox"/>	Is it hard for you to read, write, or speak English? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a physical or mental disability? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you male and 18-21 years of age? If no, skip forward to the next section.
<input type="checkbox"/>	<input type="checkbox"/>	Have you registered with the Selective Service? If Yes, Registration Number _____ Date Verified _____

**RELEASE OF INFORMATION**

Item(s) Requested	Department Name Information is Being Requested From
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**I hereby authorize Tlingit & Haida Central Council's Division of Employment & Training to obtain and exchange information related to my application to participate in their program(s). I understand that I may revoke this consent by written notice at any time.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If Applicable)

\_\_\_\_\_  
Date

## EDUCATION

Highest Grade Completed (Circle One)	6	7	8	9	10	11	12	13	14	15	16	17+
Middle School <input type="checkbox"/> Enrolled in Middle School <input type="checkbox"/> Middle School Graduate			High School <input type="checkbox"/> Enrolled in High School <input type="checkbox"/> High School Graduate				College/Vocational Training <input type="checkbox"/> Enrolled in College/Vocational Training <input type="checkbox"/> College/Vocational Training Graduate					
School Name			School Name				School Name					
Date Completed			Date Completed				Date Completed					
Type of Degree		GPA		Type of Degree		GPA		Type of Degree		GPA		

## EMPLOYMENT STATUS

What is your current employment status? Check all that apply.

Employed
  Unemployed
  Seeking Work
  Full-Time Student

## SKILLS AND GOALS

**Note: The service you receive will be based largely upon your responses to the questions below. Please answer them as best you can.**

List any tools, machinery, and/or equipment you can operate or repair.

List any computer software you can operate.

List any occupational licenses/certificates you have.

How fast can you type?	With how many errors?
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List any Volunteer Experience you have done or are currently doing.

List all the extracurricular activities you've participated in.

What do you want to do after completing high school and college/vocational school?

What school(s) are you interested in attending?

What will you major in?

Where will you permanently reside upon completing your education?

## WRITTEN STATEMENT

In at least 3 complete sentences, describe why you are interested in the Summer Youth Employment & Training Program (SYETP) and what you would like to gain by participating in the program. Example topics include: work experience, training, money for personal expenses, etc.

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## INCOME STATUS

Number of People Residing in Household \_\_\_\_\_

Number of Dependants Residing in Household \_\_\_\_\_

Place an "X" in the box next to any of the following types of financial support that you or your family members are receiving (MUST provide verification of each item marked). Family members are persons related to each other by blood, marriage, or adoption, and are living in the same household.

	Amount	How Long		Amount	How Long
<input type="checkbox"/> Supplemental Security Income	_____	_____	<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Aide to the Needy Disabled	_____	_____	<input type="checkbox"/> Survivor's Benefit	_____	_____
<input type="checkbox"/> Unemployment Insurance	_____	_____	<input type="checkbox"/> TANF or ATAP	_____	_____
<input type="checkbox"/> Alaska Permanent Fund	_____	_____	<input type="checkbox"/> Food Stamps	_____	_____
<input type="checkbox"/> Old Age Supplement	_____	_____	<input type="checkbox"/> Native Dividend	_____	_____
<input type="checkbox"/> Net Rental Income	_____	_____	<input type="checkbox"/> Alimony	_____	_____
<input type="checkbox"/> Pension and/or Retirement	_____	_____	<input type="checkbox"/> Insurance Annuity	_____	_____
<input type="checkbox"/> Employability Assistance	_____	_____	<input type="checkbox"/> General Assistance	_____	_____
<input type="checkbox"/> Adult Public Assistance	_____	_____	<input type="checkbox"/> Other: _____	_____	_____

List **ALL PERSONS** living in the household and their **INCOME** for the **past 30 days or previous month**.

Name	Relationship	Date of Birth	Income
	<b>Self</b>		
		<b>Total Income:</b>	

## SPECIAL NEEDS

Check each item below that applies to you. Explain each checked item on a separate sheet of paper.

<input type="checkbox"/> Lack of Reliable Transportation	<input type="checkbox"/> Legal Problems	<input type="checkbox"/> Trouble with Vision
<input type="checkbox"/> Inadequate Child Care	<input type="checkbox"/> Health/Mental Problems	<input type="checkbox"/> Trouble with Hearing
<input type="checkbox"/> Lack of Food	<input type="checkbox"/> Physical Limitations	<input type="checkbox"/> Trouble Reading/Writing
<input type="checkbox"/> Lack of Money for Personal Expenses	<input type="checkbox"/> Lack of Appropriate Work Clothes	<input type="checkbox"/> Trouble Speaking/Understanding English
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Alcohol/Substance Abuse Problems	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Problems with Child or Children	<input type="checkbox"/> Pregnancy Needs	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Inadequate Housing	<input type="checkbox"/> Dental Care Needs	<input type="checkbox"/> Other: _____

## QUESTIONS

Do you have any questions about the Summer Youth Employment & Training Program (SYETP)? If so, list them here.

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## WORK EXPERIENCE

**Note: List your work experience beginning with your most recent job.**

Start Date	End Date	Employer/Company Name	Phone Number
Job Title		Address	
Immediate Supervisor		Supervisor's Title	
Duties and Responsibilities			
Hourly Wage		Reason for Leaving	

Start Date	End Date	Employer/Company Name	Phone Number
Job Title		Address	
Immediate Supervisor		Supervisor's Title	
Duties and Responsibilities			
Hourly Wage		Reason for Leaving	

Start Date	End Date	Employer/Company Name	Phone Number
Job Title		Address	
Immediate Supervisor		Supervisor's Title	
Duties and Responsibilities			
Hourly Wage		Reason for Leaving	

## APPLICATION CHECKLIST

- |   |  |
|---|--|
| <input type="checkbox"/> I completed <b>ALL</b> the blanks on this application.<br><input type="checkbox"/> I did my written statement on page 3 of the application.<br><input type="checkbox"/> I turned in my family's proof of income for the past 30 days.<br><input type="checkbox"/> I turned in my tribal enrollment card.<br><input type="checkbox"/> I turned in an ID documenting my date of birth. | <input type="checkbox"/> I turned in my social security card.<br><input type="checkbox"/> If applicable, I turned in my Selective Service Registration Number.<br><input type="checkbox"/> If applicable, my parent/guardian completed my Work Permit Form.<br><input type="checkbox"/> I completed all hire paperwork: Notice of Hire, I-9, and W-4<br><input type="checkbox"/> I reviewed my application to eliminate errors and blanks. |
|---|--|

## CERTIFICATION

**I certify to the best of my knowledge that the information in this application is accurate and true. I understand that my application is subject to verification, and that falsification of information shall be grounds for termination from the program and may subject me to prosecution under the law. I understand that there is an Appeal Procedure by which I can challenge a decision made with regard to this application. I understand my appeal rights and certify that I have read this procedure and that I will abide by it.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If Applicable)

\_\_\_\_\_  
Date



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## **Appeal Procedure**

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An applicant who was denied services or feels he/she may have been treated unfairly, has the right to file a written appeal (within 15 days after receipt of a decision) by following these procedures:

### **STEP 1- Program Specialist**

An applicant may file a written appeal to the Program Specialist to ask for reconsideration of their decision. The Program Specialist has 10 working days after the date stamped on the appeal to respond. An applicant not satisfied with the Program Specialist's decision may submit their appeal to the Program Manager (Step 2) within 5 days upon receipt of the Program Specialist's decision.

### **STEP 2- Program Manager**

The Program Manager has 10 working days from the date he/she receives an appeal to review documentation, make a decision, and respond. An applicant not satisfied with the Program Manager's decision may resubmit their appeal to the Appeal Committee (Step 3) within 15 days after receiving the Program Manager's decision.

### **STEP 3- Appeal Committee**

The Appeal Committee **only** meets on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month from 10:00 AM to 12:00 PM to review appeals. The committee will notify an applicant of their decision within 7 working days after the date of their meeting. **All decisions made by the Appeal Committee are final.**

**Decisions affecting an applicant are made based on a review of program policies, procedures, and the required official documents. An applicant has 15 days after receipt of a decision to register an appeal. All decisions made by the Appeal Committee are final.**



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## SYETP Notice of Hire

### SECTION ONE

**Note: This section should be completed by the SYETP Participant. Please print clearly.**

First Name		MI	Last Name	
Prior First Name		Prior MI	Prior Last Name	
Mailing Address		City	State	Zip Code
Social Security Number	Date of Birth	Age	Gender	

### SECTION TWO

**Note: This section should be completed by the SYETP Coordinator. Please print clearly.**

Date of Hire	New Hire/Replacement	Replacing Who	Hourly Wage
Job Title		Employer/Company Name	
Employer/Company Address		City	State Zip Code
Immediate Supervisor	Phone Number	Fax Number	

### SECTION THREE

**Note: This section should be completed by Central Office Staff. Please print clearly.**

Please submit the following information to the Finance Department.

- Copy of Social Security Card     
  Copy of ID Documenting Date of Birth     
  W-4 Form     
  I-9 Form

Central Office Comments

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**Account Code: 02300-200- \_\_\_\_\_ - 01-6530**