



Employment & Training Department
 Central Council of the Tlingit and Haida Indian Tribes of Alaska
 P.O. Box 25500 • Juneau, Alaska 99802
 Toll Free: 800.344.1432 ext. 7916 • Phone: 907.463.7916
 www.ccthita-nsn.gov • www.facebook.com/ccthita



Youth Employment Services (YES) Program Application

Eligibility:

- Applicants must be 14-21 years of age attending school;
- Or, 16 – 24 years of age and not attending school;
- Applicants must be an enrolled tribal member;
- Applicants must be residing in Southeast Alaska; and
- Applicants must be economically disadvantaged.

Examples of, “economically disadvantaged” means:
 a) an individual who receives, or is a member of a family that receives cash welfare payments under a federal, state, or local welfare program; or b) an individual or a member of a family whose total family income for the past 30 days (excluding UI, Child Support Payments, and Welfare Payments), which in relation to family size, does not exceed the Poverty Guidelines set forth by the federal government.

Families receiving Temporary Assistance for Needy Families (TANF) are eligible for an Income Waiver. This waiver allows the children of TANF recipients to work without counting their income toward the total family income.

Application Requirements:

- Complete YES Application
- Written Statement (see page 3)
- Proof of Tribal Enrollment (Original Document)
- State Identification Documenting Date of Birth
- Social Security Card, *or* US Passport (Original Document) Note: Social Security Card Required Upon Hire
- Proof of Southeast Residency
- Proof of Family Income (Past 30 Days)
- If Applicable - Proof of TANF, APA, UI, SSI
- Proof of Registration with the Selective Service for Males 18 Years of Age or Older
- Parent/Guardian Signature for Applicants 14-16 Years of Age

YES, Summer Employment Information:

The Employment & Training Department administers the YES program, which is designed to assist tribal youth (ages 14-24) to obtain summer employment. The intent of this program is to encourage self-sufficiency and assist youth in discovering career/education pathways while learning employment skills.

YES is available to Southeast Alaska communities. Each community program is tailored to meet the needs of participating communities.

All participants accepted into the YES program will be required to attend a one-day online training session. Sessions may include:

- Orientation
- What You Need to Know
- Employer Expectations
- What Employees Expect from Employers

YES Coordinators seek to match applicants with host employers within the applicants’ fields of interest. Participants choose to interview for a variety of positions including clerical work, customer service, manual labor, and skilled apprenticeships, etc. Over the course of the summer program, participants learn the importance of having an education and a career. They are challenged to think critically about their future and are encouraged to chart pathways leading them to their goals.

If you have any questions about the application requirements or should you need any assistance completing the application, please contact your local YES Coordinator or the Youth Program Coordinator at 907.463.7916 or 1.800.344.1432 ext. 7916.

Gunalchéesh/Háw’aa

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	

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. If needed, attach a separate sheet of paper.

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?

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

On a separate sheet of paper, please describe why you are interested in the Summer Youth Employment Program and what you would like to gain by participating in the program in at least three (3) complete sentences. Example topics include: work experience, training, money for personal expenses, etc. Applications without written statements cannot be accepted.

REQUEST FOR ADDITIONAL SERVICES

Please check the additional services you are interested in.

- Career Exploration
 Researching College/Training Opportunities
 Navigating College/Training Application Processes
 Completing FAFSA (Free Application for Federal Student Aid) Forms
 Finding & Applying for Scholarships
 Scholarship Essay Writing Assistance
 Personal Financial Management
 Preparing for College Placement Tests
 Tutoring
 Other _____, _____, _____

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
	Self		
		Total Income:	

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 Program? If so, list them here.

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 ALL the blanks on this application. | <input type="checkbox"/> I have or have applied for a social security card. |
| <input type="checkbox"/> I attached my written statement (pg. 3) to the application. | <input type="checkbox"/> If applicable, I turned in my Selective Service Registration Number. |
| <input type="checkbox"/> I turned in my family's proof of income for the past 30 days. | <input type="checkbox"/> If applicable, my parent/guardian signed application. |
| <input type="checkbox"/> I turned in proof of tribal enrollment. | <input type="checkbox"/> If applicable, I turned in any additional sheets of paper. |
| <input type="checkbox"/> I turned in a state ID documenting my date of birth. | <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 regarding 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

A client who is denied or received a reduction of services or benefits has the right to file a written appeal by following these procedures. Determination of client services or benefits are made based on a review of program policies, procedures and the required official documentation.

Step 1 – Client

- A client has ten (10) working days from the date of receipt of a decision to submit a written appeal to the Department Director/Manager or his/her designee.
- A client outside of Juneau must have their written appeal postmarked within ten (10) working days of receipt of a decision.
- A client may request another person to be present at meetings or interviews. The client must notify the Department Director/Manager or designee who this person is, contact information, and their role. Guidelines will need to be established to ensure confidentiality if the person is not a Tlingit & Haida employee.

Step 2 – Director/Manager

- The Department Director/Manager or his/her designee in consultation with subordinate staff will make every effort to review documentation and make a decision in the shortest amount of time possible and not to exceed five (5) working days.
- A client not satisfied with the department's decision may submit a written request within five (5) working days from the date of receipt of the decision to the Program Compliance Manager or his/her designee to have their appeal reviewed by the Appeals Committee.

Step 3 – Appeals Committee

- A client must complete Step 1 before the Program Compliance Manager or his/her designee will consider referral to the Appeals Committee.
- The Appeals Committee will review the appeal within five (5) working days of receipt.
- The client will be notified of the Appeal Committee's decision within two (2) working days after the date of its meeting.
- All decisions of the Appeals Committee are final.



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Finance Department • Edward K. Thomas Building
P.O. Box 25500 • Juneau, Alaska 99802

Client Vendor Set Up – NEEDED FOR PAYMENT

Request for Client Setup

(This form is used in lieu of the W9 form published by the Internal Revenue service)

All required forms must be **completed and signed** before payment is issued

New Update

Legal Name (as shown on your tax return)	Social Security Number
Mailing Address: _____ City: _____ State: _____ Zip: _____	Telephone Number: () _____
Physical Address: _____ City: _____ State: _____ Zip: _____	Email Address: _____

Certification:

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
- 3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

Penalties

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect. **Civil penalty for false information with respect to withholding:** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date



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Authorization for Direct Deposit

I hereby authorize Tlingit & Haida to initiate direct deposits to my account at the financial institution named below. I also authorize Tlingit & Haida to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Tlingit & Haida responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Tlingit & Haida receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Name and Address (Please Print) <input type="checkbox"/> (new address):	For verification purposes please provide your Social Security Number:																				
	Phone Number:																				
	Email Address:																				
Name of Financial Institution:	Financial Institute Phone Number:																				
Your Account Number <input type="checkbox"/> Checking or <input type="checkbox"/> Savings																					
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Please attach a voided check, deposit slip or other form of bank verification.

Authorization Signature

Date

Media Consent

I, the undersigned authorize the Central Council of the Tlingit and Haida Indian Tribes of Alaska (Tlingit & Haida) to use, display, publish, and/or distribute my name, picture, portrait, likeness or voice in any publication, multimedia production, display, advertisement or World-Wide Web Publication, without limitation as to time.

I understand the photographs, audio recordings, negatives and/or videotapes, if used, will be for informational/educational purposes of Tlingit & Haida and I waive any right to inspect or approve the finished photos and/or advertising copy. All photographs, audio recordings, negatives and/or videotapes shall constitute the sole property of Tlingit & Haida. I declare that I am of legal age and have every right to contract in my own name in the above regard.

I, the undersigned hereby waive all rights or claims for compensation in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them in any publication, multimedia production, display, advertisement or World-Wide Web Publication, without limitation as to time; in whole or in edited form and any use to which the same or any material therein may be put, applied or adapted by Tlingit & Haida. In signing this waiver I acknowledge that Tlingit & Haida, its agents, officers and employees are released from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

_____ Signature of Subject (Parents' signature for youth under 18)	_____ Date
_____ Printed Name	_____ Daytime Phone #
_____ Mailing Address	
_____ Signature of Witness	_____ Date

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Youth Employment Services (YES) Participation Contract Summer Youth Employment Program

Dear Participant,

Congratulations on completing your application and making the decision to participate in the Summer Youth Employment Services program! This program is designed to assist you in obtaining summer employment, learning, and strengthening employment skills, and to discover optional career and education pathways leading to self-sufficient lifestyles. We are pleased to be working with you.

After completing your application, the Program Coordinator will screen your application to determine your eligibility and suitability to meeting the program objectives. Space is limited, so please get your application in early.

Your Future Awaits You!

In initialing this participation contract, you agree, as a selected participant, you will:

- Arrive to place of employment on time _____
- Arrive to place of employment in appropriate attire _____
- Complete and submit timesheets on time _____
- Maintain all work relationships in a professional and courteous manner _____
- Communicate regularly with your local program coordinator _____
- Participate in additional career/education workshops recommended by your local program coordinator _____
- Complete all program evaluations _____
- Complete a program exit interview with your local program coordinator _____
- Provide an updated resume to your local program coordinator at the exit interview _____

Applicant Signature

Date

Parent/Guardian Signature
(If Applicable)

Date