



# TSELANI/COTTONWOOD CHAPTER

## Summer Youth Employment Application

APPLICATION

☐ COMPLETE  
☐ INCOMPLETE

### Application Check-list:

\_\_\_\_ Copy of Certificate of Indian Blood      \_\_\_\_ Copy of School ID or State ID      \_\_\_\_ Copies of Certificates/Diplomas (if available)  
\_\_\_\_ Copy of Social Security Card      \_\_\_\_ Copy of Driver's License (Supervisors)      \_\_\_\_ Voter's Registration with TCC (18+)  
\_\_\_\_ Parental Consent Form      \_\_\_\_ Copy of School Report Card/Unofficial Transcripts

### PERSONAL INFORMATION

SOCIAL SECURITY NUMBER		FIRST, MIDDLE, LAST NAME				
DATE OF BIRTH		MAILING ADDRESS		CITY	STATE	ZIP CODE
		P.O. BOX				
DRIVERS LICENSE / ID NUMBER		STATE	EXP. DATE	PHONE / MESSAGE NO.		
ARE YOU OR PARENTS A REGISTERED VOTER OF THE CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CENSUS NUMBER		
Mother:		Father:				
PHYSICAL ADDRESS			NAME OF LEGAL GUARDIAN		RELATIONSHIP	
WHAT LANGUAGES DO YOU SPEAK FLUENTLY?			READ	WRITE	ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

### POSITION INFORMATION

CLOSING DATE	POSITION TITLE
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### EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		MAJOR/MINOR	CIRCLE LAST YEAR COMPLETED	DEGREE/DIPLOMA RECEIVED
	FROM	TO			
HIGH SCHOOL				9   10   11   12	
COLLEGE/UNIVERSITY				1   2   3   4	
COLLEGE/UNIVERSITY				1   2   3   4	
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL					

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING AND JOB RELATED TRAINING:

PLEASE PRINT ALL INFORMATION

### CHARACTER REFERENCES

(Do not list relatives)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
1.			
2.			

### ADDITIONAL EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ☐ NO ☐ IF YES, GIVE DATE AND REASON.

ATTACH ADDITIONAL SHEET IF NECESSARY

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

Related to anyone in the Chapter? NAME(S):

RELATIONSHIP:

IN CASE OF EMERGENCY-CONTACT

NAME:

PHONE NO:

RELATIONSHIP:

### WORK EXPERIENCE

(Begin with current or most recent position)

EMPLOYER'S NAME AND ADDRESS:	DATES EMPLOYED - MO/YR FROM TO	JOB TITLE
SUPERVISOR:	SALARY BEGINNING ENDING	REASON FOR LEAVING
TELEPHONE NUMBER:		

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND ADDRESS:	DATES EMPLOYED - MO/YR FROM TO	JOB TITLE
SUPERVISOR:	SALARY BEGINNING ENDING	REASON FOR LEAVING
TELEPHONE NUMBER:		

DESCRIBE DUTIES AND RESPONSIBILITIES

### \*\*\*BENEFICIARY\*\*\*

Name:	Address:	Phone Number:
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### PRE- EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE TSELANI/COTTONWOOD CHAPTER. MY SIGNATURE BELOW AUTHORIZES TSELANI/COTTONWOOD CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

SIGNATURE

DATE

# Tselani/Cottonwood Chapter #35

## SUMMER YOUTH EMPLOYMENT PROGRAM

### PARENTAL CONSENT

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHAPTER: TSELANI/COTTONWOOD CHAPTER #35

ADDRESS: P.O. BOX 1139 CHINLE, ARIZONA 86503

PROJECT TITLE/PROJECT NUMBER: \_\_\_\_\_

LOCATION OF WORKSITE(S): TSELANI/COTTONWOOD CHAPTER

JOB TITLE: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

\_\_\_\_\_  
I, \_\_\_\_\_ am the parent/legal guardian (circle one) of \_\_\_\_\_,  
age \_\_\_\_\_, and consent to her/his participation in the Employment Program at the above worksite from  
TSELANI/COTTONWOOD CHAPTER #35 this program has been fully explained to me and I hereby consent  
his/her placement in this program and participation in the above-described employment and related  
activities.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: Youth are NOT to exceed 32 hours per week.**