



TSELANI/COTTONWOOD CHAPTER

Summer Youth Employment Application

APPLICATION	
COMPLETE	<input type="checkbox"/>
INCOMPLETE	<input type="checkbox"/>

Application Check-list:

<input type="checkbox"/> Copy of Certificate of Indian Blood	<input type="checkbox"/> Copy of School ID or State ID	<input type="checkbox"/> Copies of Certificates/Diplomas (if available)
<input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Copy of Driver's License (Supervisors)	<input type="checkbox"/> Voter's Registration with TCC (18+)
<input type="checkbox"/> Parental Consent Form	<input type="checkbox"/> 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
DRIVERS LICENSE / ID NUMBER		STATE	EXP. DATE	PHONE / MESSAGE NO.	
P.O. BOX					
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:

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