

COPPERMINE CHAPTER

Summer Youth Employment Program Check List

Applicant's Name: _____ Date: _____

Required Documents for SYEP

1. _____ Navajo Nation Voter's Card if over 18 years old or Parent's Voter Card if under 18 years old. (Coppermine Chapter)
2. _____ Proof of Registration for school attending and a Report Card
3. _____ School ID or State ID
4. _____ Social Security Card
5. _____ Certification of Indian Blood (CIB)
6. _____ Letter of Interest
7. _____ Coppermine Chapter SYEP Application

*****Please have all required documents with the SYEP application. Will not accept application with missing documents. *****

Documents Checked By: _____ Date: _____

FOR OFFICE USE ONLY:

Start Date: _____

Hours Allocated: _____

Last Day: _____

COPPERMINE CHAPTER

APPLICATION - SUMMER YOUTH EMPLOYMENT PROGRAM



PERSONAL INFORMATION

 DATE:

NAME:					SOCIAL SECURITY NO.	
OTHER NAMES USED IF APPLICABLE		FIRST	MIDDLE	LAST	CENSUS NO.	
MAILING ADDRESS	P.O. BOX	CITY	STATE	ZIP CODE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
PHONE	DATE OF BIRTH		DRIVER'S LICENSE		STATE	EXP. DATE
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO PLEASE GIVE NATIONALITY				
IF RELATED TO ANYONE IN OUR EMPLOY. STATE NAME & DEPT.						

EMPLOYMENT DESIRED

REQUISITION NO. _____

CLOSING DATE _____

POSITION	POSITION NO.	CLASS CODE	DATE AVAILABLE FOR WORK			
POSITION DESIRED	ARE YOU NOW EMPLOYED	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THE TRIBE BEFORE	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?			

EDUCATION

SCHOOL NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGHSCHOOL _____			
HIGHSCHOOL _____			
COLLEGE OR UNIVERSITY _____			DEGREE(S)
COLLEGE OR UNIVERSITY _____			DEGREE(S)
TRADE, BUSINESS OR CORRESPONDENCE _____			TYPE OF TRAINING
TRADE, BUSINESS OR CORRESPONDENCE _____			TYPE OF TRAINING
OTHER TRAINING OR JOB EXPERIENCE			

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?	READ?	WRITE?	TYPING SPEED WPM	SHORTHAND SPEED	WPM
MILITARY SERVICE: BRANCH	ENTRANCE DATE: DISCHARGE DATE:		DRAFT CLASSIFICATION		

THE NAVAJO NATION GIVES PREFERENCE TO ELIGIBLE AND QUALIFIED APPLICANTS IN ACCORDANCE WITH THE NAVAJO NATION PREFERENCE IN EMPLOYMENT ACT.

PLEASE PRINT ALL INFORMATION

REFERENCES

	NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED
1				
2				
3				

MEDICAL HISTORY

LIST ANY PHYSICAL DEFECTS

IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NUMBER

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

FORMER EMPLOYERS

1	DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
	FROM _____ TO _____			
	RATE OF \$ _____	REASON FOR LEAVING _____		
2	DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
	FROM _____ TO _____			
	RATE OF \$ _____	REASON FOR LEAVING _____		
3	DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
	FROM _____ TO _____			
	RATE OF \$ _____	REASON FOR LEAVING _____		
4	DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
	FROM _____ TO _____			
	RATE OF \$ _____	REASON FOR LEAVING _____		
5	DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
	FROM _____ TO _____			
	RATE OF \$ _____	REASON FOR LEAVING _____		
6	DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DESCRIPTION OF WORK
	FROM _____ TO _____			
	RATE OF \$ _____	REASON FOR LEAVING _____		

I HEREBY AUTHORIZE THE NAVAJO NATION TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION

All persons and Organizations are released from any liability, whatsoever, as a result of providing such information as requested by the Navajo Nation in connection

SIGNATURE

DATE

**THE NAVAJO NATION
COPPERMINE CHAPTER**

SUMMER YOUTH EMPLOYMENT PARENTAL CONSENT

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

PARENT OR LEGAL GUARDIAN: _____ ADDRESS: _____

EMERGENCY TELEPHONE NO: _____

CHAPTER: _____

ADDRESS: _____

PROJECT TITLE/PROJECT NUMBER: _____

LOCATION OF WORKSITE (S): _____

JOB TITLE: _____

STARTING DATE: _____ ENDING DATE: _____

JOB DESCRIPTION – WORK ACTIVITIES TO BE PERFORMED:

EQUIPMENT AND TOOLS TO BE USED:

EMPLOYMENT-RELATED ACTIVITIES AWAY FROM WORKSITE (DESCRIPTION OF ACTIVITY, FREQUENCY,
LOCATION, MEAN OF TRANSPORTATION):

I, _____ am the parent/legal guardian (circle one) of
, _____, age _____, and consent to his/her participation in the
Summer Youth Employment Program SYEP at the above worksite from _____
Through _____ This program has been fully explained to me and I hereby
Consent his/her placement in this SYEP program and participation in the above-described employment and related activities.

SIGNED: _____ DATE: _____

Executive Order No. 001-20 – Declaration of Emergency

RELEASE & WAIVER OF LIABILITY FORM

Volunteer agrees to assume the risk of injury inherent in the volunteer activity, and releases the organization from liability for any injuries that he or she might sustain while working as a volunteer.

I understand and agree that the Navajo Nation is NOT responsible for any injury, property damage, and health conditions arising from the volunteer activities.

I fully understand that volunteer activities involve certain risks, including but not limited to, serious injury, sickness or death. I have received information about how I can prevent myself and prevent the spread of COVID-19. I am voluntarily participating with the knowledge of the danger involved and I agree to accept all risks so that I can help the community.

I also agree to indemnify and hold harmless the Navajo Nation for all claims arising out of my participation as a volunteer for the community.

I acknowledge that the Navajo Nation has not arranged and does not carry insurance of any kind for me, (if volunteer is under 18) my parents, guardians, trustees, heirs, executors, administrators, successors and assignees. I represent that, to the best of my knowledge, I am in good health and suffer no physical impairment that would or should prevent me from volunteering to help the community.

I _____ (Print Name) have read this form and understand all of its contents.

Signature

Date

For Volunteers under the age of 18:

I _____ (Printed Name of Volunteer's Parent or Legal Guardian) have read this form and understand all of its contents such that my signature below forfeits and waives any claims I may have.

Signature of Volunteer's Parent or legal guardian if under 18

Date