

Dear Youth Applicant:

Your application **must** be complete when submitted. Please ensure all required documents are attached. Youth ages are from 14 to 24 year of age. (**FEDERAL GUIDELINES ARE FOLLOWED**):

- Social Security Card (copy), if names are different must provide Certified Court Order.
- Current Tribal Enrollment (copy), if names are different must provide Certified Court Order.
- Birth Certificate (copy)
- **FAMILY MUST BE ECONOMICALLY DISADVANTAGED:** S.N.A.P./TANF, Food Distribution, SSA, Unemployment or General Assistance (GA) Verify Award Letters from the above departments that apply. You may be eligible for services with this information. Parents/Guardians employed must provide most recent wage statements for past 6- 12 months. Youths turning 18 years of age within the 6 months of applying must provide parents income. (Federal Income Guidelines are followed)
- **Proof of Residency** – A current Utility Bill; Rent/Housing, Utilities, lights and/or cable/satellite bill.
- **Proof of School Attendance Requirements** - Youths **must** provide either; current report cards (must maintain a “C” average or above), current letter from Principal or School Counselor. If you are a high school dropout; you will be referred to the HiSet Dept. at Chief Dull Knife College-ABE and required to attend. You must be consistent with your studies and attendance. **If** you graduated from high school, GED/HiSet and/or attending the local college please provide a copy of diploma, transcripts and/or current class schedule. Home schooling not acceptable.
- **Youth under 18 years of age** and does not reside with parent(s) – the guardian they reside with **must** provide legal guardianship; Certified Tribal Court/County Court order or Foster Care statement from local agencies. **NOTARIZED STATEMENTS WILL NOT BE ACCEPTED (MUST BE LEGAL DOCUMENTS WITH COURTS/FOSTER CARE – No Exceptions.)**
- **All** applicant(s) 14 – 24 years of age are subject to a UA Testing (Northern Cheyenne Tribe’s Drug Testing Policy: 1. Pre-Employment Testing). Must pass the Drug Testing.
- **For Male Applicants Only:** Selective Service Registration/Verification (Males 18-24 years of age).
- **For Veteran’s Only:** DD-214 Certificate of Release or Discharge from Active Duty, Discharge Documents – Males/Females 18 – 24 years

The Supplemental Youth Services Program is an incentive program for youths who are attending school full-time and serious about their education endeavors. **FILL OUT THE ENTIRE APPLICATION.** Parent(s)/Guardian(s), please assist your youth with completing this application. All pages **MUST** be completed and signed by the youth & parent (if applicant is under 18 years of age). **USE THE ABOVE CHECK LIST TO ENSURE YOU HAVE ALL REQUIRED DOCUMENTS NEEDED WITH THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE NOT BE ACCEPTED.** If you have questions, call 477-6221 or 6238.



Northern Cheyenne Employment & Training
Supplemental Youth Services
PO Box 368 – 614 Little Wolf Street
Lame Deer, MT 59043
Phone (406) 477-6221/477-6238
Fax (406) 477-8577
wia@cheyennenation.com

Youth Employment Application (Ages 14 – 24 years) Complete in blue/black pen. **Do not use pencil or other color.**

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____ / _____
Address (PO Box) – Physical Unit Apt./House # Male / Female (Gender)

_____ **Montana** _____
City/Town State ZIP Code

Age: _____ Date of Birth: _____ Social Security # _____

Position interested in _____

Are you in Jr/High School? YES NO If no, did you graduate with GED/High School? YES NO

Are you a high school dropout? YES NO Grade completed? _____

Enrolled in a Federal Recognized Tribe? YES NO

If yes, Tribe/
Enrollment #: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

High School _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Jr High: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

LITTLE WOLF AND MORNING STAR - *Out of defeat and exile they led us back to Montana and won our Cheyenne homeland that we will keep forever.*

References

List three professional (supervisor, teacher, etc.) references. **No Relatives.**

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Additional employment? You may use on a separate paper or back of this page.

Military Service

Are you a
Veteran?

Branch (Must provide DD-214) _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Personal Information Form

Contact Information

Home Telephone #: _____ Message: _____
 E-mail address: _____ Cell phone: _____

District You Reside in:

Lame Deer Ashland Busby Muddy Birney

Type of Family Income for Household

Must provide verification: Award Letters or wages

Do you live with both parents? Yes No With whom: _____
 If not, residing with parent – Legal guardianship documents must be attached with application; Official Court Order/Foster Care

Number of household _____ Total Income for past 6-12 months (yr.): \$ _____

SNAP/TANF SSI/SSA Self Wages General Assistance (GA)
 Food Distribution Parent(s) Wages Per Capita payments Parents Unemployment Benefits

Family Member Composition

#	Name:	Relationship:	Date of Birth:	Income Source:
1		Self		
2				
3				
4				
5				
6				
7				
8				

Types of Field work interested in:

List by # of your first choice (1, 2, 3, 4) or only *indicate* if one choice by checking it

Clerical (office work)
 Janitorial
 Maintenance
 Laborer

Disclaimer and Signature

My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury the all of the above information is true and complete. I agree that any information I have supplied is subject to verification of eligibility. I understand the falsification of any item is grounds for termination from the Northern Cheyenne Employment & Training Programs – Supplemental Youth Services Section 166 Program and may result in action to recover any compensation paid to me while participating in the program.

Signature: _____ Date: _____

Parent Signature (youth under 18 yrs.) _____ Date: _____

SYS Staff Signature: _____ Date: _____

This section to be completed by office staff only

<u>Income Applied</u>	<u>Income at or below</u>	<u>Economically Disadvantaged</u>
Annual _____	Poverty Level _____	Yes _____
Annualized _____	70% L.L.S.I. _____	No _____



Northern Cheyenne Employment & Training
 Supplemental Youth Services (SYS)
 PO Box 368 – 614 Little Wolf Street
 Lame Deer, MT 59043
 Phone: 406-477-6221/6238
 Fax: 406-477-8577
wia@cheyennenation.com

Assistance Request Form

I, _____ am currently requesting assistance for:
 (Print your name)

Check one:

<input type="checkbox"/>	Seeking employment through SYS
<input type="checkbox"/>	Seeking a job verification signature from SYS
<input type="checkbox"/>	Seeking Supportive Services (Work Clothing, tools, etc), complete information below:
Name of Employer:	
Address of Employer:	
Current Job Title:	
Current Rate of Pay:	Official Start Date:

<input type="checkbox"/>	Seeking Classroom Training:
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Name of College/Training Facility:	
Address of College/Training Facility:	

Type of Assistance requesting: (Check all that apply)					
<input type="checkbox"/>	Tuition Fees	<input type="checkbox"/>	Books/Supplies	<input type="checkbox"/>	HiSet Fees/Stipend

Participant Signature: _____ Date: _____

Parent Signature (youth under 18 yrs): _____ Date: _____

WIOA Staff Signature: _____ Date: _____