



**Employment & Training Department**  
 Central Council Tlingit and Haida Indian Tribes of Alaska  
 320 West Willoughby Avenue, Suite 300  
 Juneau, Alaska 99801  
 Phone: 907.463.7792 or 800.344.1432 Ext. 7792  
 Fax: 877.333.3449  
 www.ccthita.org • 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.

For your information, “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 TANF benefits are eligible for an Income Waiver. This waiver allows the children of TANF recipients to work without counting their income towards the total family income.

### Application Requirements:

- Complete YES Application
- Written Statement (Page 3)
- Proof of Tribal Enrollment, Original
- State Identification Documenting Date of Birth
- Social Security Card, *or* US Passport (Originals, Not Copies) Note: Social Security Cards Required if Hired.
- Proof of Southeast Residency
- Proof of Family Income for the 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 Signatures for Applicants 14-16 Years of Age

### YES, Summer Employment Information:

Employment and Training administers the Summer Youth Employment Program, which is designed to assist tribal youth (ages 14-21) 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. YES Coordinators may facilitate Job & Life Skills Workshops in their communities. Sessions might include:

- |                       |                               |
|-----------------------|-------------------------------|
| Job Hunting Tips      | Completing Applications       |
| Writing Cover Letters | Building Professional Resumes |
| Interview Techniques  | Surviving the Job             |
| Power of Choices      | Dressing for Success          |

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 with completing this application, please contact your local YES Coordinator or the Youth Program Coordinator at CCTHITA, 907.463.7792 or 1.800.344.1432 Ext. 7792

### 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	

**CONTACT INFORMATION**

First Name	MI	Last Name		
Prior First Name	Prior MI	Prior Last Name		
Mailing Address	City	State	Zip Code	
Physical Address (If Different)	City	State	Zip Code	
Home Phone	Cell Phone	Message Phone		
Social Security Number	Date of Birth	Age	Gender	

**PERMANENT CONTACT**

**Note: Provide the following information on an individual who does not live with you, but knows how to contact you if you move. It is important that this person has a telephone.**

Full Name	Relationship	Contact Phone Number
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**PERSONAL DATA**

**Note: Your response is confidential and in no way prevents you from being eligible for services. If needed, attach a separate sheet of paper.**

<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Race/Ethnic Group</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<b>Citizenship</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Other: _____
Tribal Enrollment Number	Village/Region/ANSCA Corporation	

**Questions**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you a foster child or ward of the state? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you "at risk" for dropping out of school? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you completed high school or obtained your GED? If Yes, When and Where _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you previously participated in the YES programs? If Yes, When and Where _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on probation or parole? If Yes, Name of Probation/Parole Officer _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under treatment for alcohol/substance abuse? If Yes, When and Where _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently being helped by another agency? If Yes, List Agency _____
<input type="checkbox"/>	<input type="checkbox"/>	Is it hard for you to read, write, or speak English? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a physical or mental disability? If Yes, Explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you male and 18-21 years of age? If no, skip forward to the next section.
<input type="checkbox"/>	<input type="checkbox"/>	Have you registered with the Selective Service? If Yes, Registration Number _____ Date Verified _____

**RELEASE OF INFORMATION**

Item(s) Requested	Department Name Information is Being Requested From
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**I hereby authorize Tlingit & Haida Central Council's Division of Employment & Training to obtain and exchange information related to my application to participate in their program(s). I understand that I may revoke this consent by written notice at any time.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If Applicable)

\_\_\_\_\_  
Date

## EDUCATION

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 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
	<b>Self</b>		
		<b>Total Income:</b>	

## 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.

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## WORK EXPERIENCE

**Note: List your work experience beginning with your most recent job.**

Start Date	End Date	Employer/Company Name	Phone Number
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Job Title	Address
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Immediate Supervisor	Supervisor's Title
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Duties and Responsibilities
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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
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Start Date	End Date	Employer/Company Name	Phone Number
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Job Title	Address
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Immediate Supervisor	Supervisor's Title
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Duties and Responsibilities
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Duties and Responsibilities
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Hourly Wage	Reason for Leaving
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Start Date	End Date	Employer/Company Name	Phone Number
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Job Title	Address
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Immediate Supervisor	Supervisor's Title
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Duties and Responsibilities
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Hourly Wage	Reason for Leaving
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Start Date	End Date	Employer/Company Name	Phone Number
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Job Title	Address
-----------	---------

Immediate Supervisor	Supervisor's Title
----------------------	--------------------

Duties and Responsibilities
-----------------------------

Hourly Wage	Reason for Leaving
-------------	--------------------

## APPLICATION CHECKLIST

- |  |   |
|--|---|
| <input type="checkbox"/> I completed <b>ALL</b> the blanks on this application.        | <input type="checkbox"/> I have/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 with regard to 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**

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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 Central Council 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.

For more information please contact Program Compliance:  
Toll Free: 1.800.344.1432 Ext. 7359 | Local: 907.463.7359 | Fax: 907.463.7383

## 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 life styles. 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 completed application in early.

*Your Future Awaits You!*

**In signing this participation contract, you agree that as a selected participant you will:**

Please Initial Each Line

- 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