



# Spokane Tribe of Indians 477 Youth Employment Program



## Spokane Site

232 E Lyons Ave., Spokane, WA 99208  
Fax 509.533.0699 Ph. 509.818.1426

## Wellpinit Site

PO Box 358, Wellpinit, WA 99040  
Fax 509.458.8017 Ph. 509.458.8000

## JOB ANNOUNCEMENT

**TITLE:** SUMMER YOUTH EMPLOYMENT  
**DEPARTMENT:** 477-YOUTH EMPLOYMENT PROGRAM  
**STATUS:** TEMPORARY 40 HOURS A WEEK  
**RATE OF PAY:** \$12.00 PER HOUR  
**OPENING DATE:** APRIL 1<sup>st</sup>, 2019  
**CLOSING DATE:** MAY 31<sup>st</sup>, 2019

**Applications submitted after the Closing Date will not be eligible for employment.**

The Spokane Tribe of Indians is now accepting applications for the 2019 Summer Youth Employment Program. For youth ranging between the ages of 14 to 19 years of age by the first day of employment and attending an educational program.

**5 Week Session ONLY: June 24<sup>th</sup> - July 26<sup>th</sup>, 2019 (200 hrs.)**  
**Optional Leadership Camp: July 29<sup>th</sup> – Aug. 02<sup>nd</sup>, 2019 (40 hrs.)**

### *Eligibility for Employment & Indian Preference:*

- Applicants must be a member of a Federally recognized Tribe or a 1<sup>st</sup> line Descent of a Federally Recognized Tribe excluding Kalispel Tribal Members due to funding restrictions
- Applicants who are enrolled members of the Colville Tribe and reside within Stevens and Lincoln Counties must be a first-line descendant of another federally recognized tribe (excluding Kalispel) to be eligible for employment
- Applicants must reside in the 477/TANF service area.
- 19 year old applicants must be enrolled/attending an approved educational program
- Must have ended the school year with a GPA of 2.0 or higher: if less than a 2.0, must be enrolled and attending summer school or tutoring services
- ALL Applicants are subject to a pre-employment drug test
- Indian Preference as follows: 1.) TANF client 2.) Spokane Tribal Member 3.) 1<sup>st</sup> line descendent of a Spokane Tribal Member 4.) Member of other Federally Recognized Tribe 5.) 1<sup>st</sup> line descendent of another Tribe
- All 14 year olds and first year participants will be assigned to the Youth.Empowerment.Success (Y.E.S) team.

**Please use the attached check list to ensure all required documents are attached to application.**

**APPLICATIONS CAN BE PICKED UP AND DROPPED OFF AT THE  
WELLPINIT & SPOKANE SITES**

**For More Information Contact the above Office Numbers**



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### DOCUMENTS CHECK LIST

**Please use the check list to ensure all required documents are submitted with application on or before MAY 31<sup>st</sup>, 2019.**

<i><b>NEW APPLICANT REQUIREMENTS</b></i>	
<b>COMPLETE</b>	<b>REQUIRED DOCUMENT</b>
	Completed Application
	Verification of Age ( Official Birth Certificate )
	Proof of Tribal Enrollment ( Tribal I.D. Card, Certificate of Indian Blood )
	Social Security Card ( Copy or Proof of filing for replacement from Social Security & copy of card when received )
	Proof of Residence (Utility Bill – EX. Avista or telephone bill )
	Verification of Legal Guardianship ( Court Documents or Power of Attorney )
	Verification of School Enrollment ( ASB card, enrollment )
	Drug Test Consent Form ( Attached to Application)
<i><b>RETURNING APPLICANT REQUIREMENTS</b></i>	
<b>COMPLETE</b>	<b>REQUIRED DOCUMENT</b>
	Completed Application
	Proof of Residence (Utility Bill – EX. Avista or telephone bill )
	Verification of Legal Guardianship ( Court Documents or Power of Attorney )
	Verification of School Enrollment ( ASB card, enrollment )
	Drug Test Consent Form ( Attached to Application)

**Applications submitted after May 31, 2019 closing date will not be eligible for employment.**



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**Location:**

**Wellpinit:**

**Spokane:**

**Application Status:**

**Returning:**

**New:**

*Please print legibly or type. Answer all questions completely. Incomplete applications will not be processed.*

## PERSONAL INFORMATION

Verification required refer to Documents Check List

Name as it appears on Social Security Card:

Mailing Address: Last First Middle

Physical Address: Address City State Zip

Date of Birth: \_\_\_\_\_ Gender: **Male** **Female** Total # in Household \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen: **Yes** **No**

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship Phone #

## TRIBAL AFFILIATION

Verification required refer to Documents Check List

Enrolled Member of a Federally Recognized Tribe: **Yes** **No**

Name of Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

1<sup>st</sup> line descendant: **Yes** **No** Parent's Name: \_\_\_\_\_

Name of Tribe: \_\_\_\_\_ Parent's Enrollment #: \_\_\_\_\_

## EDUCATION

Verification required refer to Documents Check List

Name of School/College attending: \_\_\_\_\_

Address City State Zip

Phone #: \_\_\_\_\_ Current Grade Completed: \_\_\_\_\_

**PRIOR EMPLOYMENT**  
Must be completed unless New Applicant

Employer Name: \_\_\_\_\_

\_\_\_\_\_

Address	City	State	Zip
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Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**  
Please complete the following

What do you hope to learn while working for the Youth Employment Services?

\_\_\_\_\_  
\_\_\_\_\_

Returning Youth please provide four (4) employers you would like to work for:

\_\_\_\_\_  
\_\_\_\_\_

**Release of Information**

The information provided is true and accurate to the best of my knowledge. Should I be employed by the Spokane Tribe, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. I also hereby authorize the Employment & Training department staff to obtain or release information included in this application as it pertains to my eligibility for services, and/or reporting purposes.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
(Signature Required)

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_  
(Required if under 18 years of age)



# Spokane Tribe of Indians 477 Youth Employment Program



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232 E Lyons Ave., Spokane, WA 99208  
Fax 509.533.0699 Ph. 509.818.1426  
Attn: Cliessa Allen

**Wellpinit Site**  
P.O. Box 358, Wellpinit, WA 99040  
Fax 509.458.8017 Ph. 509.458.8000  
Attn: Kim LeBret or Roxanne Denison

## DRUG TEST CONSENT FORM

By signing this Consent Form, I, \_\_\_\_\_ authorize the Spokane Tribe of Indians (STOI) 477 Youth Employment Program to perform a urinalysis on a urine specimen provided by me to test for the use of prohibited substances. I consent to this test and I also give permission to this laboratory to release the results of this drug test to the authorized representative of the STOI Youth Employment Program or its medical review officer. I agree that the STOI 477 Youth Employment Program may use this result to determine my suitability for employment.

Results of this test will be treated in confidential manner.

If there is a reasonable suspicion by either the STOI 477 Youth Employment Program or the laboratory that the specimen has been altered or the test is invalid, I agree to submit another specimen(s) for further testing, within the time restraints as mandated by STOI 477 Youth Employment Program Policy. A second inadequate, adulterated or diluted sample will result in an automatic positive test result.

Further, I agree to review and comply with any and all policies of the STOI 477 Youth Employment Program related to drug testing or drug-free work place. I understand that it is my responsibility to ask for clarification on any policies or requirements that I do not understand.

\_\_\_\_\_  
**Youth Employee Print Name**

\_\_\_\_\_  
**Youth Employee Signature** Date

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Parent/Guardian Signature for authorization** Date