



Spokane Tribe of Indians 477 Youth Employment Program



Spokane Site
232 E Lyons Ave., Spokane, WA 99208
Office: 509.818.1426

Wellpinit Site
PO Box 358, Wellpinit, WA 99040
Office: 509.458.8000

JOB ANNOUNCEMENT

TITLE: YEAR ROUND YOUTH EMPLOYMENT
DEPARTMENT: 477-YOUTH EMPLOYMENT PROGRAM
STATUS: TEMPORARY 20 HOURS A WEEK/ 600 HRS MAXIMUM
RATE OF PAY: MINIMUM WAGE
OPENING DATE: WEDNESDAY October 16, 2024
CLOSING DATE: UNTIL FILLED

The Spokane Tribe of Indians is now accepting applications for the 2024 Year Round Youth Employment Program. For youth ranging between the ages of **16 to 19 years of age on or before the first day of employment and attending high school.**

**Applications received on or before October 28, 2024, will start on
Monday, November 4, 2024!**

ELIGIBILITY FOR EMPLOYMENT & INDIAN PREFERENCE:

- Applicants must reside in the 477 service area
- Maintain a minimum 2.0 GPA and have no failing grades
- Must be able to work a MINIMUM of 10 hours per week, 20 hours per pay period.
- Male applicants age 18 and older must be registered with selective service.
- Must have prior employment with the STOI 477 Summer Youth Employment Program
- ALL applicants are subject to a pre-employment process
- Indian Preference as follows: 1.) TANF Client 2.) Spokane Tribal Member 3.) 1st Line Descendent of a Spokane Tribal Member 4.) Member of other Federally Recognized Tribe 5.) 1st Line Descendent of another Tribe
- Applicants must be a member of a Federally Recognized Tribe or a 1st Line Descent of a Federally Recognized Tribe excluding Kalispel Tribal Members due to funding restrictions

Please use the attached check list to ensure all required documents are attached to the application.
477 Youth Employment will NOT accept any application that does not have all the required documents.

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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YEAR-ROUND EMPLOYMENT

Eligibility for Employment & Indian Preference:

- **MUST BE 16-19 YEARS OLD AND ENROLLED IN HIGH SCHOOL TO BE ELIGIBLE FOR YEAR-ROUND EMPLOYMENT.**
- Male applicants ages 18 years and older must be registered with selective service.
- Applicants must reside in the 477 service area
- Must have prior employment with the STOI 477 Summer Youth Employment Program
- ALL applicants are subject to a pre-employment process
- Indian Preference as follows:
 - 1.) TANF Client
 - 2.) Spokane Tribal Member
 - 3.) 1st Line Descendent of a Spokane Tribal Member
 - 4.) Member of other Federally Recognized Tribe
 - 5.) 1st Line Descendent of another Tribe
- Applicants must be a member of a Federally Recognized Tribe or a 1st Line Descent of a Federally Recognized Tribe excluding Kalispel Tribal Members due to funding restrictions

The following Academic criteria must be maintained to remain eligible for Year Round Youth Employment:

- 1.) Must maintain a minimum 2.0 GPA
- 2.) Employee can have no failing grades
- 3.) Must be able to work a MINIMUM of 10 hours per week, 20 hours per pay period.

DOCUMENTS CHECK LIST

Please use the check list to ensure all required documents are submitted with application to be considered for employment.

REQUIRED DOCUMENTS

COMPLETE	REQUIRED DOCUMENTS
	Completed Application
	Verification of School Enrollment – <i>(ASB card, enrollment)</i>
	Grades – <i>(Current Progress report, Quarter grades when available)</i>
	Class Schedule – <i>(High School/Alternative and College etc.)</i>
	Drug Test Authorization and Consent Form – <i>(Attached to Application)</i>
	Proof of Residence – <u>ONLY</u> <i>if moved after Summer Youth Employment 2024</i> <i>(Utility Bill – EX. Avista or telephone bill)</i>
	Verification of Legal Guardianship – <u>ONLY</u> <i>if changed after Summer Youth Employment 2024</i> <i>(Court Documents or Power of Attorney)</i>



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Application



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LOCATION: Wellpinit: _____ Spokane: _____

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

_____ Address City State Zip

Email Address: _____

Date of Birth: _____ Gender: Male _____ Female _____ Total # in Household _____

Social Security Number: _____ Cell 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 #: _____

1st line descendant: Yes _____ No _____ Parent's Name: _____

Name of Tribe: _____ Parent's Enrollment #: _____

PRIOR EMPLOYMENT

Must be completed

Employer Name: _____

_____ Address City State Zip

Position: _____ Dates: _____ to _____

Supervisor: _____ Phone #: _____

Duties: _____

EDUCATION

Verification required refer to Documents Check List

Name of High School/Alternative attending: _____

Address _____

City _____

State _____

Zip _____

School Phone #: _____

Current Grade: _____

Name of College Program attending: _____

Address _____

City _____

State _____

Zip _____

School Phone #: _____

Current Status: _____

Will you be participating in any sports/extra-curricular activities: Yes _____ No _____

If, yes please attach Sport schedule to application

OTHER INFORMATION

Please complete the following

Please specify your top 4 desired employment placements with, 1 being your top pick, on the provided lines. Youth are also encouraged to find a job on their own. If you already have a potential placement, please list the employers contact information including name and phone number, on the lines provided.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

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/Guardian Signature _____
(Required if under 18 years of age)



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DRUG TEST CONSENT FORM

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by the Spokane Tribal 477 Youth Employment Program.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to Spokane Tribal 477 Youth Employment Program and I further authorize the Spokane Tribal 477 Youth Employment Program to disclose the results to my parent(s) and/or guardian(s) and a designated behavioral health program for assessment and treatment.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release the Spokane Tribal 477 Youth Employment Program, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Spokane Tribal 477 Youth Employment Program for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Youth Employee Print Name

Youth Employee Signature Date

Parent/Guardian Print Name

Parent/Guardian Signature Date