



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: YEAR ROUND YOUTH EMPLOYMENT
DEPARTMENT: 477-YOUTH EMPLOYMENT PROGRAM
STATUS: TEMPORARY 16 TO 20 HOURS A WEEK/ 434 HRS MAXIMUM
RATE OF PAY: MINIMUM WAGE
OPENING DATE: MONDAY, OCTOBER 1st, 2018
CLOSING DATE: UNTIL FILLED

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

Year Round Youth Employment Dates: November 5th, 2018 – May 31st, 2019

ELIGIBILITY FOR EMPLOYMENT & INDIAN PREFERENCE:

- Applicants must reside in the 477/TANF service area
- Maintain a minimum 2.0 GPA and have no failing grades
- 19 year old applicants must be enrolled/attending an approved educational program
- Must have prior employment with the STOI 477 Youth Employment Program
- Over income students/applicants are ineligible for Year Round Employment
- ALL applicants are subject to a pre-employment testing
- 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
- Applicants who are enrolled members of the Colville Tribe and reside within Stevens and Lincoln Counties must be a 1st Line Descendant of another Federally Recognized Tribe (excluding Kalispel) to be eligible for employment

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 to be considered for employment.

<i>NEW APPLICANT REQUIREMENTS</i>	
COMPLETE	REQUIRED DOCUMENT
	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 Household Income (Current Pay Stub, Tribal and/or State Assistance Award Letter)
	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>RETURNING APPLICANT REQUIREMENTS</i>	
COMPLETE	REQUIRED DOCUMENT
	Completed Application
	Proof of Residence (Utility Bill – EX. Avista or telephone bill)
	Verification of Household Income (Current Pay Stub, Tribal and/or State Assistance Award Letter)
	Verification of Legal Guardianship (Court Documents or Power of Attorney)
	Verification of School Enrollment (ASB card, enrollment)
	Drug Test Consent Form (Attached to Application)



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Application



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LOCATION:	Wellpinit: _____	Spokane: _____
APPLICANT STATUS:	New: _____	Returning: _____

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

PERSONAL INFORMATION (Please Print)

Name:

Last	First	Middle
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Any previous or other last names Used: _____

Mailing Address:

Address	City	State	Zip
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Physical Address:

Address	City	State	Zip
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Age as of Today: _____ Date of Birth: _____ Gender: Male _____ Female _____

U.S. Citizen: Yes _____ No _____ Social Security Number: _____

Home Phone #: _____ Cell Phone #: _____ Message Phone #: _____

Parent/Legal Guardian:

Name	Relationship	Phone #
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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 _____ Name of Tribe: _____

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

EDUCATION

Verification required refer to Documents Check List

Name of School/College attending: _____

Address	City	State	Zip
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Phone #: _____ Current Grade Completed: _____

