



# Spokane Tribe of Indians 477 Youth Employment Program



## Spokane Site

232 E Lyons Ave., Spokane, WA 99208  
Fax 509.533.0699 Ph. 509.533.1360

## 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/ 240 HRS MAXIMUM  
**RATE OF PAY:** \$12.00 PER HOUR  
**OPENING DATE:** March 9<sup>th</sup>, 2020  
**CLOSING DATE:** MAY 29<sup>th</sup>, 2020 – Extended to June 12, 2020

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

The Spokane Tribe of Indians is now accepting applications for the 2020 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 school.**

**5 Week Session ONLY: July 13<sup>th</sup> - Aug. 14<sup>th</sup>, 2020 (200 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

**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 JUNE 12<sup>th</sup>, 2020.**

<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 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 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 June 12<sup>th</sup>, 2020 closing date will not be eligible for employment.**



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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

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

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 \_\_\_\_\_

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)