Summer Youth Employment and Training Program 2023
And Youth Conservation Corps (YCC)

The ONC Summer Youth Employment & Training Program (SYETP) provides training and support services for youth and young adults ages 14 – 21 to enhance Education and Employment opportunities who are unskilled and/or under employed to enter into the workforce to obtain, retain, or advance in employment. The SYETP teams up with local businesses to provide a variety of work activities and services.

ELIGIBILITY REQUIREMENTS

- An enrolled ONC Tribal Member residing in our Service Area of Bethel who are Alaska Native/American Indian or their descendants
- Certificate of Degree of Indian Blood (CDIB), or Tribal Enrollment card noting you are Alaska Native/American Indian
- Must be 14-21 years of age
- Selective Service Registration (if over the age of 18)
- Completed and signed application

- Provide two (2) forms of Identification
  - □ Birth Certificate
  - □ Tribal ID or Enrollment Affidavit
  - □ Certificate of Degree of Indian Blood (CDIB) card

- Must meet income guidelines – submit parents’ income verification for the last 30 days
  - □ Most Current Paystubs – (last two)
  - □ Most Current Tax Return
  - □ Unemployment Insurance Benefits (UI) or a Letter of Verification
  - □ SSI/SSA or a Letter of Verification
  - □ Temporary Assistance for Needy Families (TANF)

Eligibility will be determined based upon a signed and completed application.

If you are interested, or know of someone that could benefit from our program, call (907) 543-2608 and ask for an application today!
**APPLICANT INFORMATION**

Date of Application: _________________________

Position applying for:  
- [ ] SYETP Youth Coordinator  
- [ ] YCC Coordinator  

*(applicants must be 18 or older to apply)*

Name: ____________________________ Date of Birth: ____ / ____ / ____ Last 4 of SSN: ***-**- ____________

Mailing Address:  

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<tr>
<th>P.O. Box</th>
<th>Physical Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Home/Cell Phone: _____________________ Message Phone: _____________________ Work Phone: _____________________

Sex:  
- [ ] Male  
- [ ] Female  

Marital Status:  
- [ ] Single  
- [ ] Married  
- [ ] Separated  
- [ ] Divorced  
- [ ] Widowed

Are you a Veteran?  
- [ ] Yes  
- [ ] No

If yes, dates: From: __________ to __________ Discharge Date: _____ / _____ / ____ Branch: ________________________

If no, Selective Service Registration Number: _______________________________ Date Verified: _______________  

N/A

Ethnic Background:

- [ ] Alaska Native/Native American  
- [ ] Hispanic  
- [ ] African American  
- [ ] Caucasian  
- [ ] Other: _______________________

Referred By:  
- [ ] Self  
- [ ] Walk-in  
- [ ] Advertisement  
- [ ] Social Services  
- [ ] Other: _______________________

**APPLICANT DATA**

**HOUSEHOLD: LIST ALL HOUSEHOLD MEMBERS LIVING IN THE HOME**

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<th>Relationship</th>
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**IN CASE OF AN EMERGENCY, CONTACT:**

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<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>RELATIONSHIP</th>
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EDUCATION HISTORY

Type of High School Attended: □ Private □ Boarding □ Public Where: ____________________________

Certificates: □ High School Diploma □ Still Attending □ No Longer Attending □ GED □ Certificate of Attendance

Have you ever received any of the following services: □ Yes □ No (If yes, check all that apply)

□ Childcare □ Job Corp □ Military □ Other

Where, When & Type of Services: ____________________________________________________________

Employment Status: Check your status and complete the information below.

□ Employed Full-Time □ Part-Time □ Self-Employed □ Unemployed: Number of weeks _________

Last Hourly Wage: $ _______ Employer: ___________________ Occupation: ___________________

EMPLOYMENT HISTORY

List your employment history in Chronological order (Last to First) below:

From: ___________ To: ___________ Job Title: ____________________________

Employers Name: _______________ Address: _______________________________

Phone Number: ________________ Supervisor’s Name: _________________________

List your duties and responsibilities: _______________________________________

Are you eligible for rehire? □ Yes □ No

Reason for Leaving: _________________________________________________________

Has alcohol or drugs ever caused problems for you at work? □ Yes □ No
BARRIERS TO EDUCATION, TRAINING, OR EMPLOYMENT

Check all that apply:

☐ Limited English Proficiency  ☐ Pregnant / Parenting Teen  ☐ Disabled Individual  ☐ Substance / Alcohol Abuse
☐ TANF Recipient  ☐ Public Assistance (Food Stamps, General Assistance, etc.)
☐ Homelessness  ☐ Offender  ☐ Treatment / Counseling
☐ Reading/Math Skills below 7th grade level  ☐ Lack significant work history

Have you ever been convicted of any crimes involving alcohol or drugs?  ☐ Yes  ☐ No
If yes, when?

Have you ever been convicted of a felony?  ☐ Yes  ☐ No
If yes, explain:

Are you currently on probation or parole?  ☐ Yes  ☐ No
Probation / Parole Officer: __________________________ Phone #: __________________________

Are you scheduled for any substance abuse treatment?  ☐ Yes  ☐ No
If yes, when?

EMPLOYMENT GOALS & INTERESTS

Check any/all skills you may have:

☐ Accounting  ☐ Mechanical  ☐ Maintenance  ☐ Clerical  ☐ Painting  ☐ Welding  ☐ Cashier  ☐ Food Service
☐ Carpentry  ☐ Receptionist  ☐ Other: __________________________

What is your future career goal? __________________________

________________________________________________________________________________________

Do you prefer to work by yourself or with others?

________________________________________________________________________________________

List any tools and/or office equipment you have used __________________________

________________________________________________________________________________________

________________________________________________________________________________________
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<th>CERTIFICATION OF APPLICATION</th>
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<tr>
<td>I certify the information provided is true to the best of my knowledge. I am aware the information provided is subject to review, and that I may have to provide additional information. I authorize Orutsararmiut Native Council to share this information for the purpose of obtaining Employment, Training &amp; Education services.</td>
</tr>
<tr>
<td>Applicant Signature</td>
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<tr>
<td>Parent or Guardian Signature (if 18 years of age and under)</td>
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BETHEL RESIDENCY & TRIBAL AFFILIATION

Printed Name: ____________________________ Other names used: ____________________________

Last 4 of Social Security Number: ***- **- ____________

Are you a Bethel Native Corporation Shareholder or a Descendant of a Shareholder?
☐ Yes   ☐ No

Are you an ONC Tribal Member?
☐ Yes   ☐ No

If yes, list your ONC Tribal Enrollment Number: ________________

I have been a resident of Bethel since: ______ / _____ / ________

I certify that the information listed above is true and correct to the best of my knowledge.

________________________________________________________                  ________________________________
  Signature                                                                                          Date

________________________________________________________                  ________________________________
  Parent or Guardian Signature                                                                                          Date
RELEASE OF INFORMATION

Date: ______________________

To Whom This May Concern:

I, ____________________________, authorize and request the release of any and all information necessary to verify or determine my eligibility for participation in the program offered by Orutsararmiut Native Council Summer Youth Employment & Training Program. Agencies which may be contacted, but not limited to, are: State of Alaska Division of Public Assistance, Unemployment Offices, Social Security Administration, Retirement Agencies, Banks, etc.

Applicants Printed Name

Parent or Guardian Printed Name (if under 18 years of age)

Applicants Signature

Parent or Guardian Signature (if under 18 years of age)

Last four (4) of Social Security Number

A reproduction of this release is as valid as the original; to be used indefinitely for the present and all future income verifications.
**FOR OFFICE USE ONLY**

Date application received: ________________ Application received by: ___________________________

Decision of Application: □ Approved □ Denied Date: _______/_______/________

COMMENTS/NOTES:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Certifying Official Signature ________________________ Date ________________