

Summer Youth Employment Application

2018-2019

SUMMER EMPLOYMENT POSITIONS ARE OPEN TO INDIVIDUALS

- WHO ARE ENROLLED MEMBER OF THE MISSISSIPPI BAND OF CHOCTAW INDIANS
- 15-24 YEARS OLD (MUST BE 15 YEARS OLD by JUNE 3, 2019 FOR EMPLOYMENT AND MUST BE 24 YEARS OLD BY MAY 27, 2019 BEFORE EMPLOYMENT BEGINS)
- ENROLLED IN MIDDLE SCHOOL, HIGH SCHOOL, OR COLLEGE/ UNIVERSITY
- MUST HAVE A "C" AVERAGE, GRADING SYSTEM WILL BE DETERMINED BY YOUR SCHOOL IF ENROLLED IN COLLEGE/UNIVERSITY, MUST BE FULL-TIME STUDENT WITH A 2.0 GPA (GRADE POINT AVERAGE) OR ABOVE.
- ONE PER FAMILY (WITH AN EXCEPTION OF COLLEGE AND HIGH SCHOOL SIBLING)
- SUCCESSFULLY PASS BACKGROUND CHECK AND PRE-EMPLOYMENT DRUG/ALCOHOL SCREENING.

ALL APPLICANTS MUST HAVE THE FOLLOWING:

- ___ BIRTH CERTIFICATE
- ___ CERTIFICATE DEGREE OF INDIAN BLOOD (MUST BE ½ DEGREE OR ABOVE AND ENROLLED WITH MISSISSIPPI BAND OF CHOCTAW INDIANS)
- ___ SOCIAL SECURITY CARD
- ___ SELECTIVE SERVICE CARD FOR MALES WHO ARE 18 YEARS OF AGE AND OLDER
- ___ PROGRESS REPORT (3RD NINE WEEKS REPORT CARD)
- ___ FINAL GRADES (4TH NINE WEEKS REPORT CARD)
- ___ FOR HIGH SCHOOL SENIOR: ACCEPTANCE LETTER FROM THE UNIVERSITY/COLLEGE OFFICE OF ADMISSIONS MUST BE SUBMITTED TO OUR OFFICE. ANY APPLICANTS WITHOUT ACCEPTANCE LETTER WILL BE PLACED IN THE REGULAR (HIGH SCHOOL) CATEGORY
- ___ LEGAL GUARDIANSHIP/CUSTODY PAPERS, IF APPLICABLE.

★ **RECOMMEND TO TURN IN APPLICANT'S TRIBAL ID OR STATE ISSUED ID**

PLEASE FILL OUT THE APPLICATION COMPLETELY. DUE TO CHANGES IN OUR FILING SYSTEM, THE ITEMS NEEDED MAY NOT BE IN OUR SYSTEM AT THIS TIME. THEREFORE, WE MAY ASK YOU TO BRING THE ITEM(S) IN FOR OUR FILES. APPLICATION MUST BE COMPLETED BEFORE EMPLOYMENT BEGINS. SHOULD THERE BE ANY CHANGES (SUCH AS ADDRESS & CONTACT NUMBERS), PLEASE CONTACT YOP OFFICE AT 601-650-7321. THANK YOU!!

DEADLINE: APRIL 12, 2019

2019 YOP APPLICATION
PLEASE PRINT OR TYPE

____ **NEW APPLICANT**

____ **UPDATE APPLICANT**

NAME: _____ SSN: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
CITY STATE ZIP

E-MAIL ADDRESS: _____

(____) _____
PARENT CONTACT Number AGE DATE OF BIRTH GENDER

Are you a member of the Mississippi Band of Choctaw Indians? YES _____ NO _____

Degree of Indian Blood: _____

DO YOU LIVE ON THE CHOCTAW RESERVATION? _____ COMMUNITY: _____

FOR MALES 18 YEARS AND OLDER – ARE YOU REGISTERED FOR SELECTIVE SERVICE? _____
REGISTRATION #: _____ (PLEASE SUBMIT A COPY)

JOB INTEREST (IF ANYTHING THAT MAY INTEREST YOU): _____

JOB LOCATION/COMMUNITY: _____

PLACEMENT GATEWAY:
SCHOOL YEAR 2018-2019

COLLEGE: _____

HS SENIOR: _____ (MUST SUBMIT ACCEPTANCE LETTER FROM COLLEGE/UNIVERSITY OFFICE OF ADMISSIONS)

**** FOR HIGH SCHOOL APPLICANTS: PLEASE SELECT ONE TERM TO WORK ****

TERM ONE (JUNE): _____ -OR- TERM TWO (JULY): _____

DEADLINE: APRIL 12, 2019 @ 4:30 P.M.

FOR OFFICE USE ONLY:

DATE RECEIVED

TIME

BY

EDUCATION

NAME OF HIGH SCHOOL (2018-2019) ATTENDING: _____

CLASSIFICATION: 7TH 8TH 9TH 10TH 11TH 12TH

NAME OF COLLEGE (2018-2019) ATTENDING:

CLASSIFICATION: FRESHMAN SOPHOMORE JUNIOR SENIOR

MAJOR: _____

ARE YOU PLANNING TO ATTEND SUMMER SCHOOL OR SUMMER CAMPS? _____

SUMMER SCHEDULE, MUST BE SUBMITTED AS SOON AS POSSIBLE.

QUALIFICATIONS

LIST OF SKILLS INCLUDING OPERATIONS OF OFFICE MACHINES

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Clerical Skills: Typing _____ **WPM**

Shorthand _____ **WPM**

Previous Employment

(Even if you worked for YOP, please fully complete this section)

PROGRAM NAME: _____

ADDRESS: _____ **TELEPHONE:** _____

SUPERVISOR'S NAME: _____

DATES WORKED: FROM _____ **TO** _____

DUTIES:

REASON FOR LEAVING:

AUTHORIZATION TO PICK UP PAYROLL CHECK

PLEASE LIST INDIVIDUALS WHO HAVE YOUR PERMISSION TO PICK UP YOUR PAYROLL CHECK

- 1. _____
- 2. _____
- 3. _____

Emergency Contact

Name: _____ (H) _____ (W) _____ (C) _____

Relationship: _____

Name: _____ (H) _____ (W) _____ (C) _____

Relationship: _____

Name: _____ (H) _____ (W) _____ (C) _____

Relationship: _____

EMERGENCY INFORMATION

Name of physician: _____ Hospital #: _____

Location @ Choctaw Health Center: YES _____ NO _____

IF FOR ANY REASON A PARTICIPANT NEEDS TO BE TRANSPORTED FOR MEDICAL EMERGENCY, A STAFF MEMBER OF THE YOUTH OPPORTUNITY PROGRAM WILL TAKE THE PARTICIPANT TO THE NEAREST HEALTH FACILITY IN ORDER TO ASSURE THE SAFETY OF THE CHILD.

HEALTH INFORMATION

DO YOU HAVE ANY HEALTH PROBLEMS OR PHYSICAL LIMITATIONS? _____

(EXAMPLE: ASTHMA, ALLERGIES, SEIZURES, DIABETES, OR PREGNANCY) IF YES, PLEASE LIST OR ATTACH DOCTOR'S STATEMENT

HAVE YOU EVER BEEN TESTED POSITIVE FOR TUBERCULOSIS? _____

Family Information

PLEASE LIST ALL HOUSEHOLD FAMILY MEMBERS

APPLICANT'S NAME: _____

APPLICANT RESIDES WITH: _____

FATHER/STEPFATHER'S NAME: _____

CELL NUMBER _____

WORK NUMBER _____

EMAIL _____

MOTHER/STEPMOTHER'S NAME: _____

CELL NUMBER _____

WORK NUMBER _____

EMAIL _____

NAME: _____

(SIBLING/OTHER)

(SCHOOL / OCCUPATION)

NAME: _____

(SIBLING/OTHER)

(SCHOOL / OCCUPATION)

NAME: _____

(SIBLING/OTHER)

(SCHOOL / OCCUPATION)

NAME: _____

(SIBLING/OTHER)

(SCHOOL / OCCUPATION)

NAME: _____

(SIBLING/OTHER)

(SCHOOL / OCCUPATION)

AUTHORIZATION AND WAIVER
FOR ALL APPLICANTS

I hereby authorize and instruct the authorized personnel of the following personal records pertaining to me release to the Director of the Mississippi Band of Choctaw Indians Youth Opportunity Program a copy of waiver by the director.

- A. Grades that I have obtained within the last year while in attendance at the Choctaw Tribal Schools or at other Middle or Secondary School, which I have attended during the School Year 2018-2019.*

- B. My attendance record complied during the last semester while in attendance at the Choctaw Tribal Schools or at other Middle or Secondary School, which I have attended during the School Year 2018-2019.*

- C. Grades I have obtained within the last year while in attendance at a College, Vocational School, or other Post-Secondary School.*

- D. Any & all records pertaining to any employment that I had with the Mississippi Band of Choctaw Indians.*

Signature of Applicant Date

Date of Birth Grade (School Year 2018-2019)

Name of School

Signature of Parent/Guardian Date

YOP STAFF Date

Parental Consent Agreement and Emergency Medical Release Form

I, _____, Parent and Legal Guardian of _____ agree and understand that my child may participate in all aspects of the Youth Opportunity Program. I authorize the Mississippi Band of Choctaw Indians and the Youth Opportunity Program staff to transport my child to and from any Y.O.P. events. I further agree to hold harmless the Mississippi Band of Choctaw Indians and the Youth Opportunity Program for any incidents arising out of my child's involvement with the Youth Opportunity Program.

I give my permission to the staff of Youth Opportunity Program to administer first aid to my child if needed. I understand and give my permission to the Youth Opportunity Program and/or the Mississippi Band of Choctaw Indians to call or obtain services from a Physician or Hospital for Medical Care, should an emergency arise. I understand that an effort will be made to contact a Parent or Guardian before any action is taken.

Parent Signature

Date

Participant Signature

Date

Home Phone: _____

Mother's (W): _____ (C) _____

Father's (W): _____ (C) _____

Guardian's (W): _____ (C) _____

Physician's Phone #: _____

**** Please, list all other Emergency numbers that we may contact:**

Release of Information
For applicants ages 17 years and under

I, _____, as a Parent/Guardian (Circle one) of _____ do hereby authorize the Mississippi Band of Choctaw Indians/ Office of Attorney General to review Youth Court Documents on my child. I understand that although court records on minors are confidential, I authorize background check on my child strictly for the purpose of property placing my child in the appropriate employment within the Youth opportunity Program (YOP). I also understand that any information received on my child will be held in strict confidential.

The undersigned certifies that he/she is of legal age, under no legal disability of any kind, and fully and completely competent to execute the authorization and release for and on his or her child's behalf. The undersigned further certifies that he/she has signed and delivered this instrument of his/her free and accord, and fully understands and agrees to release the above parties from any all liability.

Print Name (Parent/Guardian)

Date

SIGNATURE OF PARENT/ GUARDIAN

**** No Parent/Guardian may sign for the applicant. NO EXCEPTION!!**

Print Name (APPLICANT)

Date of Birth

Signature of APPLICANT

Date

Witness: _____
YOP STAFF

Date

<p>Reviewed By: _____ Office of Attorney General Staff</p>	<p>Date: _____</p>
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TO: YOP APPLICANTS/Parent/Guardians
From: Mallory Anderson, Director
Subject: PRE-EMPLOYMENT DRUG TESTING
Date: November 1, 2018

As a program of Mississippi Band of Choctaw Indians, Youth Opportunity Program are required to adhere to the Drug and Alcohol Testing Policy and Procedures. According to the Mississippi Band of Choctaw Indians Drug and Alcohol Testing Policy and Procedures, "all applicants who have been offered employment will be required to consent and submit to a drug and alcohol test. It is the policy of the Mississippi Band of Choctaw Indians to require employees, as a condition of employment, to consent to testing for the presence of illegal drugs and/or alcohol, as well as consent to lawful searches or inspections of person and property to ensure no drugs, alcohol, drug paraphernalia or other contraband are present in the workplace. An employee has the right to refuse to undergo testing, search, or inspection. However, refusal to take a drug or alcohol test or consent to a search or inspection required under this policy will result in termination of employment. Likewise, any employee that fails to appear for a drug and alcohol test, refuses to cooperate in the testing process or procedures, adulterates or dilutes or substitutes the specimen, or sends an imposter is considered to have refused to take the required test. If the test results are positive, the applicant shall not be considered further employed by Mississippi Band of Choctaw Indians' Youth Opportunity Program for employment. Results, negative or positive, will be reported to the Human Resource Department. Youth Opportunity Program will pay the cost of the pre-employment drug/alcohol screening. The drug screening will be scheduled, after selections for employment are made. Either mailed letter and/or phone calls will be a made to make contact for your scheduled date and time. Should you have any questions regarding the pre-employment drug testing, please feel free to call me at 601.650.7323.