

Sicangu Nation Employment & Training Program
Summer Youth Application
P.O. Box 909 Rosebud, SD 57570
Phone: 747-2393 Fax: 747-5177

Please choose your T-Shirt Size:

- Small
- Large
- X-Large
- XX-Large
- XXX-Large

Section 1 Personal Information

Name: _____ Social Security Number: _____
 Other Names Used (Alias or Maiden): _____ Phone Number Msg. / Home _____
 Address: _____ Date of Birth: _____ Age: _____ M or F _____
 City: _____ State: _____ Zip: _____ Job Interest #1: _____
 Tribal Affiliation: _____ Tribal ID #: _____ Community: _____
 Family Status: One Parent Family Two Parent Family Total Number in Household: _____ Dependants: _____
 Directions To Residence: _____

Please List All Family Members, Ages, and Relationship to You Living in Your Household:

	NAME	AGE	RELATIONSHIP
1.	_____	_____	<u>SELF</u>
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Please Answer The Following Questions:

- | | |
|---|--|
| 1. Do you have reliable transportation? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a valid South Dakota Driver's License? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to submit to a drug test and background check? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you a citizen of the United States? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you required to register for Selective Service? | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been convicted of a felony? | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you have limited proficiency in the English language? | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you move to your current address within the last 30 days? | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you sought work within the last 28 days? | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are you pregnant or a parenting teen? | 10. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you currently living with your parents? | 11. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you currently homeless or a runaway? | 12. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you a veteran? (Please provide DD-214) | 13. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. What Type of Discharge? | a. <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other |

Section 2 Child Care

- 1. Indicate number of your children who may need child care assistance, due to employment. 1. _____
- 2. Do any of your children have special needs?
If YES, please explain: _____ 2. Yes No

Section 3 Medical Care

- 1. Do you have any type of medical problems?
If YES, please explain: _____ 1. Yes No
- 2. Describe any current or former problems with substance abuse and/or alcohol:

- 3. Are you handicapped?
If YES, please explain: _____ 3. Yes No

Section 4 Skills and Education

1. What job/life skills do you have?

EVALUATE YOUR SKILL DEVELOPMENT

- a. _____
- b. _____
- c. _____
- d. _____

HIGH	AVERAGE	LOW
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /

- 2. Do you have a High School Diploma? 2. Yes No
- 3. If NO, do you have a GED? 3. Yes No
- 4. If NO, are you working towards your GED? 4. Yes No
- 5. Did you drop out of High School? 5. Yes No
 - a. When? a. Month_____ Year_____
- 6. What is the highest grade you completed? 6. _____
- 7. Do you plan to return to school this fall? 7. Yes No
- 8. Are you required to attend summer school? 8. Yes No
 - a. If YES, What dates are you scheduled to attend? a. _____
- 9. What school do you plan on attending this fall? 9. _____
- 10. Do you have any type of occupational training/college? 10. Yes No

Name of Institution: _____
 Address: _____

Major: _____
 Minor: _____

Dates Attended FROM: _____ / _____ / _____ TO: _____ / _____ / _____

Please check one: DEGREE CERTIFICATION NOT COMPLETED

Section 5 Work History / Experience

Have you ever been on the SNETP Summer Youth Program? Yes No

PREVIOUS EMPLOYMENT

Worksite: _____ Job Title: _____
 Phone #: _____ Hourly Wage: _____
 City/Town: _____ Hours Per Week: _____
 Dates Worked FROM: ____/____/____ TO: ____/____/____ Circle which session you participated in: 1st 2nd
 Job Duties: _____

Section 6 Family Income

- Circle any of the following that you or your family are receiving: TANF GA TWEP UNEMPLOYMENT SSI WAGES SOCIAL SECURITY STIPEND FOOD STAMPS CHILD SUPPORT
- Below, list all family members that have received any type of income during the last six (6) months. Include: Gross Wages (Past JTPA wages also included), Salaries (before deductions), Net Self-Employment Income (gross receipts minus operating expenses), and Other income received from sources such as: Interest, Net Rents, OASI (Old Age Survivors Insurance), Social Security Benefits, Retirement, Pensions, Alimony, and periodic income from Insurance Policy Annuities, and Other Sources of Income.

Name	Relationship to Applicant	Source	6 th month	5 th month	4 th month	3 rd month	2 nd month	1 st month	Total Received

Section 7 Applicant's 52 Week Pre-Program Income

In this section, do not include any wages you received as a Work Experience or On-The-Job-Training participant. Include the total of all other wages/salaries you received before deductions.

How much did you earn during the last 12 months in:

Wages/Salaries: _____
 Net Self-Employment Income: _____
 Armed Forces Pay/Allowance: _____

Section 8 Certification

I certify that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and I understand that it will be used to determine my eligibility.

Name of Applicant: _____ Date: _____
 Parent Signature: _____ Date: _____
 SNE&TP Intake: _____ Date: _____

**Summer Youth
Application
Deadline**

**Open: February 26th,
2024
Closed: May 10th,
2024**



**Summer Youth
Employment Dates**

**JUNE 6TH to
JULY 31ST**

ONE SESSION ONLY!!!

**2024 SUMMER YOUTH PROGRAM
YOUTH AGES: 14 – 24**

PLEASE ATTACH THE FOLLOWING BEFORE YOU BRING APPLICATION INTO
OUR OFFICE:

- All Income Verifications for the last 6 months
- Abstract or Degree of Indian Blood
- Social Security Card
- Valid Drivers License
- High School Diploma or GED Certificate
- MALES 18 & OVER – Selective Service Card

If you are a current COLLEGE STUDENT or planning to attend college this fall,
Please, provide a copy of your acceptance letter and a financial aid analysis.

****Must be 14yrs on or before the application deadline****

***Please be sure to sign all required areas. ***

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
****NO ACCEPTIONS****

