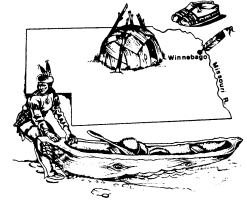




WINNEBAGO TRIBE of NEBRASKA

P.O. BOX 687 WINNEBAGO, NEBRASKA 68071

PHONE: 402-878-2631/FAX: 402-878-2637



2021 Summer Youth Employment Program Application Packet

All applications must include the following documents to be considered complete and return to the Higher Education office no later than May 25, 2021:

1. Signed SYEP application
2. Resume
3. Signed Drug and Alcohol testing consent form
4. Release of Information form (Winnebago Public School students only)
5. School transcript**
Submit final grades transcript

Non-WPS students, turn in current grades until official transcripts are complete and turn in to the Higher Education office as soon possible

6. Attendance record**
Submit final attendance transcript

Non-WPS students, turn in current attendance until official transcripts are complete and turn in to the Higher Education office as soon possible

7. Tribal enrollment verification (All applicants)
8. Social Security Card (All applicants)
9. Household income verification (check stub for last 30 days)

*****DUE TO COVID, SYEP ON THE JOB TRAINING MAY BE
SUBJECT TO CHANGE***



WINNEBAGO TRIBE OF NEBRASKA
APPLICATION FOR SUMMER YOUTH EMPLOYMENT 2021



First Name Middle Initial Last Name Date of Birth Age

Mailing Address City State Zip

Home Phone Cell Phone Email address

Tribal Affiliation Agency Enrollment #

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

On what date are you able to start work? _____

Are you participating in a Summer Education Program (summer school)? _____ Yes No

If yes, dates of program: _____ (please attach a letter from the school)

Last grade completed: _____

Are you registered to return to school in the fall? _____ Yes No

Name and address of school: _____

Circle one: MALE FEMALE

If male AND 18 yrs or older, are you registered with the Selective Service? _____ Yes No

Have you been convicted of any offense that would restrict you from certain job placements?

_____ Yes No If Yes, please explain _____

Do you acknowledge a disability? _____ Yes No

If yes, please describe: _____

What are your areas of interest?

Please write down your top three choices for Employment:

1. _____

2. _____

3. _____

PARENT/LEGAL GUARDIAN INFORMATION

Head of Household	Relationship	Contact #
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Mailing Address	City	State	Zip
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Marital Status: _____ Single _____ Married _____ Separated _____ Divorced

Occupation (s): _____

Dates employed: _____

Employer Name and address: _____

Total number of dependent children residing in the home: _____ Total household size: _____

Types of assistance your household currently receives: _____ TANF/ADC _____ SSI
_____ GA _____ SNAP (food benefits) _____ Foster Care _____ Other

Does your family receive unemployment benefits? _____ Yes _____ No

If yes, dates benefit effective: _____

EMERGENCY CONTACTS (other than parent/legal guardians)

Name	Contact #	Relationship
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Name	Contact #	Relationship
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REFERENCES – List three adults that are **NOT** related to you

Name	Contact #	How do you know them?
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Name	Contact #	How do you know them?
------	-----------	-----------------------

Name	Contact #	How do you know them?
------	-----------	-----------------------

List any training or work experience you may have. For example: volunteer work, leadership groups, past jobs, specialized classes you've taken, etc.: _____

Applicant **AND** Parent/legal guardian agreement:

1. I understand that my employment is not guaranteed for any term and that the Summer Youth Employment Program (SYEP) or I can terminate my employment at any time.
2. I understand that the SYEP maintains a Drug and Alcohol Free workplace environment and overall program. I agree that while I am employed with the SYEP, I will not use drugs or alcohol.
3. I understand that the SYEP holds **Mandatory Workshops** over a variety of topics throughout the program and that I must attend these workshops to continue my employment with SYEP.
4. I understand if I am absent from work, I must call my immediate supervisor 30 minutes before my scheduled work time, if I fail to call in, I may be reprimanded including up to termination.

I certify that all of the answers contained herein are true. I further understand that omission of facts or misrepresentation of any facts requested is cause for dismissal.

Applicant Signature _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

-----**FOR OFFICE USE ONLY**-----

Date completed application received: _____ Household income the last 30 days: _____

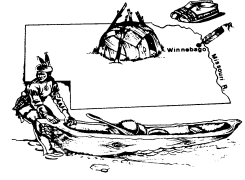
Approved/ Denied Date: _____

Placement at: _____

Immediate Supervisor: _____ Phone#: _____



SYEP (Summer Youth Employment Program)



Drug and Alcohol Testing Consent Form 2021

The Winnebago Tribe of Nebraska is committed to maintaining a safe, healthy, and productive work environment for all employees. To that end, the Winnebago Tribe will attempt to eliminate abuse of illegal drugs, alcohol, prescription drugs or any other substance that could impair an employee’s ability to perform safely and effectively, the functions of any given job.

By current policy, all potential employees of the Winnebago Tribe of Nebraska are required to complete the pre-employment drug/ alcohol screening prior to final selection for hire. All summer youth employment applicants, who meet the initial eligibility requirements for program enrollment and have been selected for potential job placement, will also be required to successfully complete the pre-employment drug/ alcohol screening prior to beginning actual placement.

I hereby certify that I have been informed of the Winnebago Tribe of Nebraska’s pre-employment policy regarding drug and alcohol testing and agree to participate in required testing if I am notified of the program eligibility for considerations of summer youth employment.

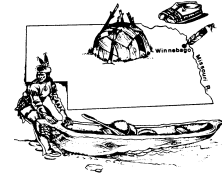
Applicant Name (Print) _____

Applicant Signature _____ Date: _____

I hereby give my consent for the above student to participate in the Winnebago Tribe of Nebraska’s pre-employment drug and alcohol testing for summer youth employment. In the event my child tests positive for drugs or alcohol, I authorize the Tribe to make a written referral and provide a copy of my child’s test result to the Winnebago Alcohol Program. I also agree to comply with recommendations made by the Winnebago Alcohol Program as a result of a positive test, which may include participation in an alcohol or drug awareness program with my child.

Parent/ Legal Guardian Name (Print) _____

Parent/ Legal Guardian Signature _____ Date: _____



**Winnebago Tribe of Nebraska
Summer Youth Employment Program 2021
Authorization and Consent for Release of Information**

TO: _____
School Name

I, _____, authorize the release of information pertaining to Attendance, Grades, ACT test scores for the 2020-2021 academic year to the Winnebago Tribe of Nebraska-Higher Education Program. The above information will be used to determine eligibility and evaluate youth workers.

All information should be forwarded to:

Winnebago Tribe of Nebraska
Attn: Higher Education/SYEP
P.O. Box 687
Winnebago, NE 68071

Student Name (Print): _____ Grade: _____

Social Security Number: _____ D.O.B. _____

Student Signature: _____ Date: _____

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Signature: _____ Date: _____