



Fond du Lac Band of Lake Superior Chippewa Summer Youth Employment Application

All summer youth employees along with your parent or guardian must complete all information within this form and return to the Human Resources Department/WIOA Office.

In addition, summer youth employees are expected to follow all applicable policies in force at the time of employment. It is you and your parent/guardians' responsibility to become fully acquainted with all applicable departmental policies, procedures and the employee handbook of the Fond du Lac Band of Lake Superior Chippewa.

PERSONAL INFORMATION

Application Date _____

Name _____
First Middle Last Maiden, Alias or Another Name

Address _____
Street City State Zip

Cell Phone _____ Home Phone _____

Date of Birth _____ Social Security # _____

Email _____

Position: Summer Youth

Session Requested: June July August

EDUCATION

High School Name and City _____

Course of Study _____ Years Completed _____

Graduation Date _____ Degree _____

Other School Name and City _____

Course of Study _____ Years Completed _____

Graduation Date _____ Degree _____

Will you be attending Summer School? No Yes, specify dates: _____

Will you be participating in an athletic activity? No Yes, specify dates: _____

Applicant Signature

Date

Tribal Enrollment Verification for Summer Youth Employment

TO: _____

The following individual has applied for employment and has indicated he/she is an enrolled member of a Federally recognized tribe and is entitled to Indian Preference as allowed under the Civil Rights Act of 1964 and 41 CFR 101-6.204-2(4). The following information has been supplied by the applicant:

Name: _____
Print Clearly

Date of Birth: _____ Enrollment Number: _____

Minnesota Chippewa Tribe (MCT)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fond du Lac Band | <input type="checkbox"/> Nett Lake (Bois Forte) Band | <input type="checkbox"/> Grand Portage Band |
| <input type="checkbox"/> Leech Lake Band | <input type="checkbox"/> Mille Lacs Band | <input type="checkbox"/> White Earth |

Lake Superior Chippewa Bands - Wisconsin

- | | | |
|--|---|---|
| <input type="checkbox"/> Red Cliff Band | <input type="checkbox"/> Bad River Band | <input type="checkbox"/> Lac du Flambeau Band |
| <input type="checkbox"/> Sokaogan (Mole Lake) Band | <input type="checkbox"/> St. Croix Band | <input type="checkbox"/> Lac Courte Oreilles Band |
| <input type="checkbox"/> Lac Vieux Desert Band | | |

Other: _____

Child or Grandchild of an Enrolled Member of a Federally Recognized Tribe

Decedent or Enrolled Member Name: _____

Enrollment Number: _____

I hereby authorize the above-named Tribe/Band to confirm or deny the information provided.

Applicant Signature

Date

Parent or Guardian Signature

Is the above information correct? Yes No

Signature of Enrollment Officer or Authorized Person

Date

PARENT OR GUARDIAN INFORMATION

Name _____
First Middle Last Maiden, Alias or Another Name

Address _____
Street City State Zip

Cell Phone _____ Home Phone _____

PARENT OR GUARDIAN TRIBAL ENROLMENT INFORMATION

Are you: Enrolled in a Federally Recognized Tribe Non-Tribal Affiliated
 Child or Grandchild of an Enrolled Member of a Federally Recognized Tribe

Name of Federally Recognized Tribe _____

Proof of Descendance Must be Attached Enrollment # _____
 Birth Certificate

Income type	Earning Amount
Gross Wages/Hourly Wage Amount	
Alimony/Child Support	
Social Security	
Public Assistance (MFIP or EBT)	
Disability Social Security (SSI)	
Unemployment Compensation	
Workers Compensation	
Other (specify): _____	
Total:	

List all person(s) dependent upon the above income:

Name	Age	Social Security Number

Total number of adults: _____

Total number of children: _____

Parent/Guardian Signature

Date



Emergency Contact & Health Information

Applicant Information

Name _____

Address _____

Cell Phone _____ Home Phone _____

Who to notify in case of emergency:

Contact 1

Name _____

Relationship _____

Cell Phone _____ Work Phone _____

Contact 2

Name _____

Relationship _____

Cell Phone _____ Work Phone _____

I am voluntarily providing my health information to assist staff in the event of a medical or other emergency:

Yes No

Family Doctor/Clinic: _____

Health information (diabetes, heart trouble, high blood pressure, allergies, etc.): _____

Signature

Date