CONFEDERATED SALISH & KOOTENAI TRIBES
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT
2009 SUMMER YOUTH EMPLOYMENT PROGRAM

Please Print Clearly

1 LAST NAME | 2 FIRST NAME | 3 MI | 4 Female | Male

5 STREET ADDRESS / MAILING ADDRESS | 6 Apartment #

7 CITY | 8 STATE | 9 ZIP CODE | 10 SOCIAL SECURITY # | 11 DATE OF BIRTH

12 PHONE # | 13 E-MAIL ADDRESS

14 Emergency Contact | Phone # | Relationship

15 Current Educational Status:
(see the instructional guide, page 7 for definitions.)

- ☐ Drop Out
- ☐ Attending High School or Less
- ☐ Completed High School/GED (not attending school)
- ☐ Attending Post Secondary Education
- ☐ Vocational/Advance Training

School Name: _____

Current Grade: _____

College Major: _____
(If applicable)

16 Income Status: is your household receiving any of the following source of income? (see the instructional guide, page 7, for definitions.)

- ☐ TANF
- ☐ Food Stamps
- ☐ Tribal General Assistance
- ☐ Other Income (i.e. Employment, Social Security, SSI, Child Support)

17. What is your families **Gross** income? $_____

18. How many people are living in your household, including your self? _____

19 Tribal Status:

- ☐ Enrolled CSKT

Enrollment # _____

- ☐ CS&KT Descendant
- ☐ Other Tribe

Name of Tribe _____

- ☐ Other _____

Answering questions 20 - 24 is strictly Voluntary.

20 Have you ever been incarcerated? _____
21 Are you currently on Probation? _____
22 Are you a Foster Child? _____
23 Are you currently residing at Second Circle? _____
24 Are you taking medication?_____

25 Employment Interest: (see 2007 Occupational List) 1)_____
2)_____ 3)_____

26 Any Disabilities or Impairments ☐ Yes ☐ No
If yes provide medical statement. This will be placed in a Confidential envelope & put in file.

27 Selective Service Registration
Have you registered for Selective Service?
☐ Yes ☐ No
Selective Service # _____

For official use only:			
	☐ W 4	☐ Emergency Contact	☐ SS#
	☐ I-9	☐ Beneficiary	☐ Drug Test
☐ Income	☐ Enrollment	☐ Descendancy	☐ TABE/Grades