



Welcome!

Thank you for your interest in our Summer Youth Employment Program!

WIOA-(Work Force Investment Act)/Work Force Innovative Opportunity Act formerly known as the **WIA-(Workforce Investment Act)** is a federal employment & training legislation that is intended to increase the employment, retention and earnings of participants, which will improve the quality of the workforce, reduce dependency and enhance the productivity and competitiveness in the quality of life for individuals.

The **Supplemental Summer Youth Services** was designed to provide temporary work experience during the summer months to economically disadvantaged and at-risk Native American Youth who meet the Federal Low Income criteria. Placements are made at the tribal communities, non-profit organizations and employers within the public/private sector of Bernalillo, Albuquerque, Santa Fe and Jemez Springs. Participants are compensated at an allowable rate of pay, no less than the minimum wage with fringe benefits. This year ages 14-24 may apply for the Summer Youth Program. The Program will be 6 weeks at 30 hrs. a week at \$7.50 per hour. Ages 14-15 will need parental consent and a work permit will need to be signed which our office will provide the form.

APPLICATION INSTRUCTIONS

Please fill out this application. It contains important information that is used to determine your eligibility for the Summer Youth Employment Program. **IF YOU NEED ASSISTANCE IN COMPLETING THE APPLICATION, OR HAVE ANY QUESTIONS, PLEASE CALL US AT (505) 867-3351 EXT. 135**

NOTE: Copies of all the following documents will need to be attached to the application to determine your eligibility:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Photo Identification Card | <input checked="" type="checkbox"/> Selective Service Card (males age 18-25) |
| <input checked="" type="checkbox"/> Birth/Baptismal Certificate | <input checked="" type="checkbox"/> HS Grades or Transcripts |
| <input checked="" type="checkbox"/> Certificate of Indian Blood | <input checked="" type="checkbox"/> Parents Income for the past 6 months/Applicant statement |
| <input checked="" type="checkbox"/> Security Social Card | <input checked="" type="checkbox"/> Award letter for SSI/EBT/GA/TANF |

You may mail or bring your completed application and copies of all your documents. Our office may make copies as well:

**Five Sandoval Indian Pueblos, Inc. Employment & Training Project
4321-B Fulcrum Way NE Rio Rancho, NM 87144**

What happens next?

When we receive your completed application with documents they will be processed. In the case that we receive an over flow of completed applications we will then use the lottery method for selection of Summer Youth Participants. You will be notified if you are selected for the Summer Youth Program.

DEADLINE FOR APPLICATIONS IS APRIL 28, 2017



FIVE SANDOVAL INDIAN PUEBLOS, INC.

SYS APPLICATION

(14 yrs – 24 yrs)

***All questions must be answered fully and accurately, or application will not be processed.**

1. NAME: (Last, First, Middle)	2. SOCIAL SECURITY NUMBER
3. DATE OF BIRTH	4. DATE OF APPLICATION
5. GENDER	6. PHONE NUMBER /EMAIL ADDRESS
<input type="checkbox"/> Female <input type="checkbox"/> Male	
7. Mailing Address: _____	
City: _____	State: _____
	Zip Code: _____
8. FAMILY STATUS	9. # OF CHILDREN UNDER 18
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other Family Member	
10. TRIBAL AFFILIATION:	
<input type="checkbox"/> COCHITI <input type="checkbox"/> JEMEZ <input type="checkbox"/> SANDIA <input type="checkbox"/> SANTA ANA <input type="checkbox"/> ZIA <input type="checkbox"/> SAN FELIPE	
11. ARE YOU A VETERAN?	12. CITIZENSHIP
<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, dates of service: _____	<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Other
13. SELECTIVE SERVICE REGISTRANT STATUS: (Males Only)	
A. Are you between the age of 18 to 26? <input type="checkbox"/> YES <input type="checkbox"/> NO B. If Yes, have you registered as required by section of the Military Selective Act? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. LABOR STATUS	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not in Labor Force A. Are you seeking: <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time Employment? B. If unemployed, state last date employed: _____ C. If seeking part time employment, how many hours are you willing to work? _____	
15. RECEIVING PUBLIC ASSISTANCE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO AFDC/TANF <input type="checkbox"/> YES <input type="checkbox"/> NO SSI <input type="checkbox"/> YES <input type="checkbox"/> NO General Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO Food Stamps / Commodities If yes to any of the above, complete the following: Start Date: _____ Case Number: _____ Amount Receiving: \$ _____	

16. INDIVIDUAL WITH A DISABILITY

YES NO If yes, indicate disability: _____

17. LIST ALL FAMILY MEMBERS LIVING WITHIN YOUR HOUSEHOLD

Family Member (Last, First, Middle)	Age	Relationship	Source of Income (Name of Employer)
		Applicant	

18. PRIOR / WIOA PARTICIPATION

Have you ever participated in the FSIP Inc. Summer Youth Program before? YES NO If yes, complete the following:

Name of Organization	City	State	Program Activity (WIA, WE, CRT, OJT, CSE, SIS, SYP)	From	To

19. NEPOTISM/WAIVER INFORMATION

Does Applicant Have An Immediate Relative Employed/Enrolled in the WIA Program?

Yes No (If Yes, complete the items below and initiate waiver process)

Employer Name: _____ Address: _____

20. EDUCATION

Type of School	Name & Location Of School	Highest Grade or Semesters Completed	Degree/GED or Cert./Diploma	Major
College/University				
Vo. Technical				
High School				
Other				

24. WORK HISTORY (Fill out accurately from most recent to past)

1. Company Name and Address	Date Employed
	From: _____ To: _____
Job Title	Name of Supervisor
Describe Duties	Reason for Leaving:
2. Company Name and Address	Date Employed
	From: _____ To: _____
Job Title	Name of Supervisor
Describe Duties	Reason for Leaving:
3. Company Name and Address	Date Employed
	From: _____ To: _____
Job Title	Name of Supervisor
Describe Duties	Reason for Leaving:

***CERTIFICATION STATEMENT* PLEASE READ CARRFULLY: I certify that the information provided is true to the best of my knowledge. I am also 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 the release of this information for verification purposes and understand that it will be used to determine my eligibility.**

Applicant Signature	Date

APPLICANT STATEMENT

If applicant cannot obtain a satisfactory witness, proper documentation, or provide a telephone contact for verification of work within the last six months, explain reason below.

I HEREBY CERTIFY, UNDER PENALTY OF PURJURY, THAT I,

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANTS SIGNATURE	DATE	CORROBORATING WITNESS SIGNATURE
MAILING ADDRESS		WITNESS RELATIONSHIP TO APPLICANT

OFFICE USE ONLY

THE ABOVE APPLICANT STATEMENT IS BEING UTILIZED FOR DOCUMENTATION OF THE FOLLOWING ELIGIBILITY CRITERIA:

SIGNATURE OF CERTIFYING OFFICIAL	DATE
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