IV. ELIGIBILITY CRITERIA FOR PARTICIPATING

- A. For eligibility, the participant must be:
 - 1. A member of the Navajo Nation with a census number;

2. Between the ages of 14 to 25;

3. Enrolled in a high school, college, university, vocational or technical institution;

4. Unemployed at the time of applying;

5. Returning to high school, college, university, vocational or technical institution within six (6) months of applying, and willing to provide supporting documents;

6. In possession of a Social Security Card;

- 7. Not expelled or on probationary status from high school, college,
- 8. Parent or guardian must be a registered member of the Chapter. Verification shall be made by the current voter registration list provided by the Navajo Nation Election Office.
- B. The participant must submit:

1. Employment Application (page 7);

2. A conv of the applicants Social Security Card

San Juan Chapter Youth Employment Application

Applicant's Name (Last)	First	Middle Initi	al S	Social Securit	y Number
Other Name Used: (If Applicable)	*			Census Numb	er
Mailing Address (P.O Box)	<u> </u>	-		ate Of Birth:	
Physical Address (Number) Street			F	hone Numbe	r.
City State	State Zip Code			fale	Female
Chapter		Agency	Agency		
Name of Parent(s) who is a registered Cf	apter Voter				
EDUCATION					
Name of School	Location of Scho	ool	Degree or Cour	se of Study	Date Completed
				÷	
EMPLOYMENT HISTORY - Begir	with your most	recent job. Lis	<u>st each job se</u> j	parately.	water water the company of the committee of the contracting the contraction of the company of the committee of
Job Title	Dates Wo	rked			· .
	From	To		Pay \$	Per
Name of Employer			lame of Supervi	isor	
Address:	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Telephone Number ()		Reason for Leaving:			
Duties Performed:					
				,	
May We Inquire Employer: Yes] No		· · · · · · · · · · · · · · · · · · ·		

Job Title	Dates Worked	•		
	From	То	Pay \$ Per	
Name of Employer	From	Name of Super	rvisor	
Address:	04.	04-4-	To Oada	
Telephone Number ()	City Reason	State n for Leaving:	Zip Code	
Duties Performed:				
	•	· ·		
May We Inquire Employer: Yes	No 🗆			
Other Job and Training Experiences:		٠.		
<u> </u>				
Will You Accept A Positon Outside Y	our Field Of Study: Yes	s 🗀 No 🗆]	
I hereby authorize the San	are released from liab	ility for providing l	ven on this application. All egally – relevant information	
in connection with my prev	vious work or school	oxfortonoo and am	and bream com	
	vious work or school	oxportonoo und uns		

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PARENTAL CONSENT FORM

PARTICIPANT NAME:	DATE OF BIRTH					
PARENT OR LEGAL GUARDIAN:ADDRESS:						
EMERGENCY TELEPHONE NO.:						
PROJECT TITLE/PROJECT NUMBER:						
LOCATION OF WORKSITE (S):						
JOB TITLE:						
STARTING DATE:	ENDING DATE:					
JOB DESCRIPTION - WORK ACTIVITIES TO	BE PERFORMED:					
EQUIPMENT AND TOOLS TO BE USED:						
I,,;	am the parent/legal guardian (circle one) of					
, age, and bein	g duly informed of the above-mentioned employment project, do					
hereby consent to his/her placement in the Summer	r Youth Employment Program at the above-mentioned worksite from					
through for the above-described e	employment activities.					
SIGNED:	DATE:					
WITNESS:	DATE:					

NOTE: Youths are NOT to exceed 32 hours per week.

Kevised 6/2011

SAN JUAN CHAPTER

SUMMER YOUTH EMPLOYMENT

PARENTAL CONSENT FORM

CHAPTER:	WORKSITE:	
I give my son/daughter	permission to go on	а
Training enrichment activity to see	ek his/her own place of employment.	
The purpose of this enrichment act	tivity is to give students the opportunity to apply their	r
job searching skills and to give the	em exposure to the different jobs available in the	
business world.	,	
Date	Parent or Guardian	
Please be aware that this is the onl	y way that your son/daughter can be allowed to	
participate in this activity.		
Please include at least two telepho	ne numbers as to where we can reach you in case of	
emergency.		
Thank you.		
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