

Tsaile/Wheatfields Chapter
SYE / PEP Parental Consent

NAME: _____ DATE: _____

ADDRESS: _____

PRIOR SCHOOL ATTENDED:

_____ GRADE: _____

SCHOOL ATTENDING FOR 2016/2017:

_____ GRADE: _____

PARENTS NAME:

_____ Phone#: _____

FOR OFFICE USE ONLY

*****Applications must have the following documents included to be complete*****

- _____ Employment Application
- _____ Copy of Social Security Card
- _____ School Verification (Reports Cards/Transcripts)
****Report Cards MUST include all 4 quarters****
- _____ Proof of Parents Voter Registration, *if student is under 18 yrs of age*
- _____ Letter of Interest

PACKAGE COMPLETE Date/Initial: _____

HIRED

DENIED

Reason Denied: _____

Verified By: _____ Date: _____

**TSAILE/WHEATFIELDS CHAPTER
EMPLOYMENT APPLICATION**

CENSUS # _____ SOCIAL SECURITY NO. _____ DATE _____

NAME
LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

PHONE NO. _____ DATE OF BIRTH _____

MALE _____ FEMALE _____ SINGLE _____ MARRIED _____ DIVORCED/SEPARATED _____

ARE YOU A REGISTERED VOTER? YES _____ NO _____ IF NO WHERE? _____

NAME OF BENEFICIARY _____ RELATIONSHIP: _____

ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

IF RELATED TO ANYONE IN OUR EMPLOYMENT
STATE NAME AND DEPARTMENT _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DATE GRAD. | SUBJECTS STUDIES |
|------------------------------|------------------------------------|-----------------------|-------------------|-------------------------|
| GRAMMAR SCHOOL | _____ | _____ | _____ | _____ |
| HIGH SCHOOL | _____ | _____ | _____ | _____ |
| COLLEGE | _____ | _____ | _____ | _____ |
| TRADE, BUSINESS OR INSTITUTE | _____ | _____ | _____ | _____ |

DO YOU TYPE? _____ WPM _____ ARE YOU FAMILIAR WITH DICTAPHONE USE? _____

ARE YOU FAMILIAR WITH BOOKKEEPING? _____

U. S. MILITARY OR NAVAL SERVICE _____ RANK _____

**TSAILE/WHEATFIELDS CHAPTER
EMPLOYMENT APPLICATION**

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| | NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|---|------|---------|----------|---------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

IN CASE OF
EMERGENCY NOTIFY

NAME _____ ADDRESS _____ PHONE NO. _____

I CERTIFY THAT MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION
IN MY APPLICATION OR INTERVIEW MY RESULT IN MY RELEASE.**

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

REMARKS:

HIRED _____ FOR DEPT. _____ POSITON _____

WILL REPORT _____ SALARY WAGES _____

APPROVED: _____
CHAPTER ADMINISTRATION

**TSAILE/WHEATFIELDS CHAPTER
SYE / PEP PARENTAL CONSENT**

STUDENT NAME: _____ DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE#: _____ MESSAGE#: _____

EMERGENCY CONTACT: _____
PHONE#: _____

CHAPTER: _____
TSAILE/WHEATFIELDS CHAPTER
P.O. BOX C-18 TSAILE, AZ - 86556
PH# (928) 724-2220 FAX# (928) 724-2223

PROJECT TITLE/PROJECT#: _____ **SUMMER YOUTH EMPLOYMENT PROGRAM**

LOCATION OF WORKSITE: _____ **Tsaile/Wheatfields Chapter; Dine College; Tsaile Public School; WIC Office, Tsaile Senior Center**

JOB TITLE: _____

STARTING DATE: _____ END DATE: _____

JOB DESCRIPTION: Work activities to be performed:
_____ **The student workers will be placed at worksite mentioned; assisting the offices/departments with duties of clerical, janitorial and/or maintenance in the surrounding area.**

EQUIPMENT AND TOOL TO BE USED:
_____ **Computers, file cabinets, telephone, xerox/fax machines, shovel, hoe, rakes, trash bags, mechanical tools (if needed) & materials for awareness signs; boards, paints, brush, nail, hammer, and shovels.**

EMPLOYMENT-RELATED ACTIVITIES AWAY FROM WORKSITE (DESCRIPTION OF ACTIVITY, FREQUENCY, LOCATION, AND MEANS OF TRANSPORTATION):
_____ **Student shall be under the supervision of the department/program or office, where they are assigned, such as the Tsaile/Wheatfields Chapter, Dine College, Tsaile Public School, WIC Office, Tsaile Senior Center, Etc.**

PARENTAL CONSENT:
I, _____, am the parent/guardian (circle one) of _____,
age _____ and consent to his/her participation in the Summer Youth Employment at the above worksite from _____ to _____. I fully understand the program provided by Tsaile/Wheatfields Chapter and do consent with my child to be placed in the Program and participation in the above-described employment and related activities.

PARENT SIGNATURE _____ DATE: _____