



◆ Orutsarmiut Native Council ◆ P.O. Box 927 Bethel, Alaska 99559 ◆ Phone (907) 543-2608 ◆ Fax (907) 543-2639 ◆

ONC Summer Youth Employment Training Program 2021

Summer Youth Employment Training Program (SYETP) is a program that provides a comprehensive system of training and support services for young adults' 14 - 21 years of age in preparation for the Alaskan workforce. The program is dedicated to academic excellence, career preparation for youth in the workplace and community, development and support in a safe environment by caring adults, and visible and active leadership roles for participants.

ONC is teaming up with local businesses to provide a variety of activities and services to enhance education and employment opportunities for youth. Youth service providers may provide services using many approaches and opportunities. Some of these services provided are as follows:

1. The Summer Youth Employment and Training Program have direct links between academic and occupational learning.
2. Occupational skills training develops activities to meet needs.
3. Leadership development opportunities
4. Supportive services to meet career and educational goals
5. Adult mentoring
6. Identify barriers to employment and/or education to ensure participants are able to meet barriers and mediate if needed with employers.
7. Develop a plan for each youth participant to identify age-appropriate goals and sub-goals.
8. Comprehensive guidance and counseling, which may include drug and alcohol abuse, counseling, and referrals.
9. Provide training and support for youth to enter employment in high growth areas such as healthcare, construction, resource development, education, information technology and tourism and hospitality.

Program Requirements –

- **Must be a Bethel Resident**
- **Must be Indian, Alaska Native, or Native Hawaiian**
- **Must be 14-21 years of age**
- **Must provide two (2) forms of identification**
 - Birth Certificate
 - Tribal ID
 - Social Security Card
 - Certificate of Indian Blood (CIB)
- **Must meet income guidelines – Submit income verification for the last 30 days.**
 - Most Current Paystubs
 - Most Current Tax Return
 - Unemployment Insurance Payments / Documentation Letter
 - TANF

If you are interested in applying for this Summer Youth Employment Training Program (SYETP) or if you know someone that could benefit from this experience and program opportunities, please call (907) 543-2608 and ask for an application today!

SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

Applicant Portion

APPLICANT IDENTIFICATION	Case Number: _____
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Name: _____ Date of Birth: ____/____/____

Last Four of Social Security: xxx - xx - _____

Mailing Address: _____

P.O. Box or Street Address
City
State
Zip

Physical Address: _____

Street Address
City
State
Zip

Home Phone #: _____ Message Phone#: _____ Work Phone#: _____

Sex: Male Female Marital Status: Single Married Separated Divorced Widowed

Are you a Veteran? No If no, Selective Service Registration Number: _____ Date Verified: _____ N/A

Yes If yes, dates: From: _____ to _____ Discharge Date: ____/____/____ Branch: _____

Ethnic Background:

Alaska Native of American Indian _____

Native Hawaiian Hispanic African American Caucasian Other: _____

Referred By: Self / Walk-in Social Services Vocational Rehab Other: _____

APPLICANT DATA

Household: List all household members / income including yourself

#	NAME	DATE OF BIRTH	Relationship	INCOME
1				
2				
3				
4				
5				
6				

In case of an EMERGENCY, Contact:

#	NAME	ADDRESS	PHONE	RELATIONSHIP
1				
2				

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EDUCATION

Type of High School Attended: Private Boarding Public

Where: _____

Check One: High School Diploma Still Attending No Longer Attending
 GED Certificate of Attendance

Have you ever received any of the following services: No Yes (If yes, check all that apply)

Childcare Job Corp Military Other

Where, When & Type of Services:

Labor Force Status: Please check your status and complete the information below.

Employed Full-Time Part-Time Self-Employed Unemployed: Number of weeks _____

Last Hourly Wage: \$ _____

Employer: _____ Occupation: _____

EMPLOYMENT HISTORY

Has alcohol or drugs ever been caused problems for you at work? Yes No

Please list your employment history information in Chronological order (Last to First) below:

From: _____ To: _____ Job Title: _____

Employers Name: _____ Address: _____

Phone Number: _____ Supervisor's Name: _____

List your duties and responsibilities: _____

Are you eligible for rehire? Yes No

Reason for Leaving: _____

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SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

From: _____ To: _____ Job Title: _____

Employers Name: _____ Address: _____

Phone Number: _____ Supervisor's Name: _____

List your duties and responsibilities: _____

Are you eligible for rehire? Yes No

Reason for Leaving: _____



BARRIERS TO EDUCATION, TRAINING OR EMPLOYMENT

Check all of the items below which apply to you:

- Limited English Proficiency
- Disabled Individual
- Offender
- Reading/Math Skills below 7th grade level
- Treatment / Counseling
- Homeless
- Pregnant / Parenting Teen
- Substance / Alcohol Abuse
- Public Assistance (Food Stamps, GA, etc.)
- TANF Recipient
- Lack Significant Work History

Have you ever been convicted of any crimes involving alcohol or drugs? Yes No

If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Are you currently on probation or parole? Yes No

Probation / Parole Officer: _____ Phone #: _____

Are you scheduled for any substance abuse treatment? Yes No

If yes, when? _____

SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

EMPLOYMENT GOALS & INTERESTS

Check any skills you may have:

- Accounting Mechanical Maintenance Clerical Painting
- Welding Cashier Food Service Carpentry Receptionist
- Other: _____
- _____

What is your career goal? _____

Do you prefer to work by yourself or with others? _____

List any tools and/or office equipment you have used: _____

CERTIFICATION OF APPLICATION

I certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and that I may have to provide additional information. I authorize Orutsararmiut Native Council to share this information for the purpose of assisting me in obtaining assistance, training, education, or employment.

Applicant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____



SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

BETHEL RESIDENCY & TRIBAL AFFILIATION

Printed Name: _____

Maiden: _____

Social Security Number: _____ - _____ - _____

Are you a Bethel Native Corporation Shareholder or a Descendant of a Shareholder?

Yes No

Are you an ONC Tribal Member?

Yes No

If yes, please list your ONC Tribal Enrollment Number: _____

I have been a resident of Bethel since: _____ / _____ / _____

I certify that the information listed above is true and correct to the best of my knowledge.

Signature

Date



SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

RELEASE OF INFORMATION

Date: _____

To Whom It May Concern:

I, _____, authorize and request the release of any and all information necessary to verify or determine my eligibility for participation in programs offered by Orutsararmiut Native Council's Summer Youth Program. Agencies which may be contracted, but are not limited to are: Employers, State of Alaska Division of Public Assistance, Unemployment Offices, Social Security Administration, Retirement Agencies, Banks, etc.

Printed Name

Signature

Social Security Number

A reproduction of this release is as valid as the original; to be used indefinitely for the present and all future income verifications.

*** OFFICE USE ONLY ***

This application is being utilized for documentation of the following criteria:

Certifying Official Signature _____ Date _____

