



Yavapai-Apache Nation

2025 Summer Youth

Employment Application

Application Deadline: Friday, May 23, 2025

Shirt Size (Circle One): XS S M L XL 2XL 3XL

Date:

- **Must be 14 years of age by the Start date of the 2025 Summer Youth Program**
- **Must be 17 years of age throughout the duration of the 2025 Summer Youth Program**

Last Name:		First Name:		Middle Initial:	
Mailing Address:			City:	State:	Zip Code:
Physical Address:			City:	State:	Zip Code:
Contact Number:		Date of Birth:	Age:	Social Security Number:	
Male	Female	YAN Tribal Member Yes No		YAN Tribal ID Number:	

Are you enrolled in school? Yes _____ No _____ Last Grade Completed _____

Name of school: _____

Will you be attending Summer School? Yes _____ No _____

List skills, tools, office equipment you can operate:

3 Job Placement Interests:

1. _____ 2. _____ 3. _____

References: (Must not be related to you)		
Name	Address	Contact Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

In Case of an Emergency:

Name: _____

Physical Address: _____

Contact Number: _____ Relationship: _____

I understand that as a condition of my employment, I will be required to undergo a pre-employment drug test keeping with the Yavapai-Apache Nation's Zero Tolerance Drug Free Workplace Policy. I will also comply with the policy of random drug testing to keep Tribal employment alcohol, drug-free and a safe rewarding place to work.

*** Prospective Summer Youth employee is required to complete their pre-employment drug screening on the date scheduled. Should they not complete by the date scheduled, they will be moved to the waiting list.**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I understand and agree that if hired my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time.

Applicant Signature

Date

Parent/Guardian Signature

Date



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Parental Consent Form for Pre-Employment Drug Testing

The Yavapai-Apache Nation has a Zero Tolerance Drug Free Workplace Policy. The purpose of the Policy is to provide a safe and healthy work environment for all employees. **Under the Policy, employees under the age of eighteen (18) are required to undergo pre-employment drug screening.**

I, _____, parent __/guardian__ of _____, hereby grant permission for my child to undergo the Yavapai-Apache Nation's pre-employment drug screening. This screening is conducted for the purpose of determining the presence of drugs or other controlled substances. I authorize the laboratory, its physicians, and technicians and laboratories to do the same.

I understand that the results of the screening may be given by the Nation's authorized laboratory and its agents to a Medical Review Officer. In addition, I understand that if my child fails to successfully complete the Yavapai-Apache Nation's pre-employment drug screening, he or she will not be eligible for employment with the Yavapai-Apache Nation.

Parent/Guardian Print Name

Parent/Guardian Signature

Student Print Name

Student Signature

D.O.B / Phone Number

Date: _____

Human Resources Signature

Date: _____



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Required Documents

Thank you for your interest with the Yavapai-Apache Nation 2025 Summer Youth Program. Below are the documents required to be submitted with the Summer Youth application, two forms of identification must be submitted with application. Please see list below:

- ❖ Tribal Membership Verification - Certified Degree of Indian Blood (CIB) – **Must be included with application.**

Any one (1) of the following should be submitted with application:

- ❖ Social Security card
- ❖ Certified Birth Certificate
- ❖ Photo Identification or School I.D. - valid and current

Applications must be turned in to Human Resources no later than the designated closing date on Friday, May 23, 2025 at 5:00 pm. Applications will NOT be accepted after the deadline.

For additional information or questions you may contact April Salas, WIOA Program Manager at (928) 567-1073.