



# Yavapai-Apache Nation

## 2026 Summer Youth

## Employment Application

**Application Deadline: Friday, May 22, 2026**

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

Date:

- **Must be 14 years of age by the Start date of the 2026 Summer Youth Program**
- **Must be 17 years of age throughout the duration of the 2026 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, and office equipment you can operate:

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### 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 in 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- and 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. If they do not complete by the scheduled date, 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



# Yavapai-Apache Nation

## 2026 Summer Youth Program

### 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 / Summer Youth Phone Number**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Human Resources Signature**

Date: \_\_\_\_\_



# Yavapai-Apache Nation

## 2026 Summer Youth Program

### Required Documents

Thank you for your interest with the Yavapai-Apache Nation 2026 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 submitted to Human Resources by the designated closing date on Friday, May 22, 2026, at 12:00 p.m. Applications will NOT be accepted after the deadline.**

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