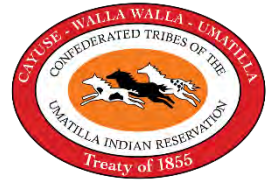


Summer Youth Employment Program

2025 Job Application



The Summer Youth Employment Program (SYP) is 100% funded by the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and is designed to train and prepare high school students (ages 14–18) for future employment. Pay will be based on previous work in the SYP, age and year in high school.

SYP 2025 Program Dates July 1- August 15, 2025 | **Pay Range** \$12.55-\$15.00/ per hour

APPLICATION DEADLINE: MAY 31, 2025

Complete SYP employment applications will be accepted until at 4:00 P.M., on the posted closing date as found above. **ONLY THOSE SYP EMPLOYMENT APPLICATION PACKETS WHICH ARE COMPLETE, WITH ALL ADDITIONAL REQUIRED INFORMATION, AS FOUND IN THE "REQUIRED EMPLOYMENT APPLICATION PACKET MATERIAL" BELOW WILL BE CONSIDERED.** SYP application packets received after the application deadline will not be considered.

Participation is first come, first served and begins with submitting a complete application. Final selection into the program requires passing a pre-employment drug screening. Applicants will receive official notice of their application status and/or job placement by U.S. Mail (USPS). If additional information is needed for placement, staff may follow up by phone or video call.

Please complete all sections of the application packet. An application is incomplete and should not be submitted until all (10) items listed below are gathered into a single packet.

REQUIRED EMPLOYMENT APPLICATION PACKET MATERIAL:

- a. Completed SYP Employment Application (p.1-4)
- b. SYP Terms & Agreement- *signed by applicant and parent/guardian* (p.5)
- c. Emergency Contact Form - *signed by applicant and parent/guardian* (p.6)
- d. Tribal Employment Application- Supplemental Form *signed by the applicant* (p.7)
- e. Copy of CIB or Tribal ID
- f. Copy of Social Security Card
- g. Copy of Identification Cards- driver's license/permit or School ID
- h. Unofficial High School Transcript
- i. Resume and
- j. Cover letter

ACCEPTED FORMAT FOR DOCUMENT SUBMISSION(S)

Only PDF files are accepted.

Need help? Refer to this guide: [How to Save, Download, and Email a PDF](#)

Applications may be submitted by email to ctuirsummeryouth@ctuir.org or dropped off in person at the Nixyáawii Education Center (NEC) front desk during regular business hours.

2025 SUMMER YOUTH EMPLOYMENT APPLICATION

GENERAL APPLICATION INFORMATION

FULL NAME		LAST		FIRST		MIDDLE					
WHAT IS YOUR GENDER IDENTITY? <small>PLEASE SELECT (1) OR MORE OPTIONS</small>		MALE	FEMALE	NON-BINARY	TRANSGENDER	I PREFER NOT TO SAY		I PREFER TO SELF DESCRIBE AS:			
		MY PREFERRED PRONOUNS ARE									
PERSONAL IDENTIFIERS		DOB				AGE					
		TRIBAL AFFILIATION				TRIBAL ID NUMBER					
YOUTH APPLICANT CONTACT INFORMATION		PHONE NUMBER									
		EMAIL ADDRESS									
		PERMANENT MAILING ADDRESS		STREET							
				CITY		STATE			ZIP		
PARENT OR GUARDIAN NAME(S)	First	Last									
	First	Last									
PARENT/GUARDIAN CONTACT INFORMATION		PHONE NUMBER									
		EMAIL ADDRESS									
		PERMANENT MAILING ADDRESS		STREET							
				CITY		STATE			ZIP		
ACADEMIC HISTORY											
HIGH SCHOOL INFORMATION	NAME OF HIGH SCHOOL										
	TYPE OF HIGH SCHOOL		PUBLIC		PRIVATE		OTHER				
	LOCATION OF SCHOOL		CITY		STATE			ZIP			
	WHAT GRADE DID YOU JUST FINISH?		9 TH FRESHMEN		10 TH SOPH		11 TH JUNIOR		12 TH SENIOR		
	WHAT IS YOUR CURRENT GPA?		Below 2.0		2.0-2.9		2.9-3.9		4.0+		
	HOW MANY DAYS OF SCHOOL DID YOU MISS IN 2024-2025?		LESS THAN 5 DAYS		MORE THAN 10 DAYS		MORE THAN 20 DAYS		30 OR MORE DAYS		
VOLUNTEER HISTORY	HOW MANY VOLUNTEER HOURS HAVE YOU COMPLETE WHILE IN HIGH SCHOOL?		0 HOURS		1-10 HOURS		11-25 HOURS		25+ HOURS		
			What type of volunteer opportunities have you been involved in?								

SUMMER YOUTH PROGRAM (SYP) HISTORY										
HOW DID YOU HEAR ABOUT THE SYP?		SCHOOL COUNSELOR /TEACHER		FAMILY/ FRIEND		SOCIAL MEDIA/FLYER		TRIBAL DEPT/OTHER		
HAS THE SYP EMPLOYED YOU BEFORE?				YES		NO				
IF YES, WHERE?		Name Supervisor		Placement site		Specific Dept or Program		Year		
		Name Supervisor		Placement site		Specific Dept or Program		Year		
		Name Supervisor		Placement site		Specific Dept or Program		Year		
OTHER EMPLOYMENT HISTORY										
EMPLOYMENT HISTORY	COMPANY/ORGANIZATION									
	PHONE NUMBER									
	ADDRESS		STREET							
			CITY		STATE			ZIP		
	DATES OF EMPLOYMENT		(MM/YYYY) to (MM/YYYY)				REASON FOR LEAVING			
	JOB TITLE						NAME OF SUPERVISOR			
	DESCRIBE YOUR JOB DUTIES									
	HOW OFTEN DID YOU GET PAID									
	PROVIDE HOURLY PAY RATE									
	EMPLOYMENT HISTORY	COMPANY/ORGANIZATION								
PHONE NUMBER										
ADDRESS		STREET								
		CITY		STATE			ZIP			
DATES OF EMPLOYMENT		(MM/YYYY) to (MM/YYYY)				REASON FOR LEAVING				
JOB TITLE						NAME OF SUPERVISOR				
DESCRIBE YOUR JOB DUTIES										
HOW OFTEN DID YOU GET PAID										
PROVIDE HOURLY PAY RATE										

**WHAT SKILLS, ABILITIES, SPECIAL TRAINING, OR CERTIFICATES TO YOU CURRENTLY HAVE?
SELECT ALL THAT APPLY.**

SKILLS& ABILITIES		SPECIAL TRAINING & CERTIFICATES	
Communication (verbal and written)		Office/Clerical Work	
Teamwork and collaboration		Customer Service/Retail	
Customer service		Childcare or Youth Programs	
Problem-solving		Outdoor/Landscaping Work	
Time management		Food Service/Hospitality	
Leadership skills		Cultural/Tribal Programs	
Creativity and innovation		Healthcare/Wellness Services	
Computer literacy (typing, email, basic software)		Maintenance/Janitorial Work	
Social media knowledge		Recreation/Sports Programs	
Organization and planning		Education/Tutoring	
Attention to detail		Other:	
Conflict resolution			
Money handling and basic math skills			
Public speaking			
Critical thinking			
Adaptability and flexibility			
Basic childcare experience			
Basic food handling and prep			
Landscaping and outdoor maintenance			
Housekeeping and cleaning			
Inventory and stocking			
Filing and document organization			
Cash register operation			
Event planning and coordination			
Arts, crafts, and creative design			
Physical fitness and stamina			
Cultural knowledge and language skills			
Basic mechanical or technical skills			
Other:			

SUMMER 2025 EMPLOYER PREFERENCE OR DESIRED WORK EXPERIENCE

DO YOU HAVE A SPECIFIC PLACE YOU WOULD LIKE TO WORK THIS SUMMER?		YES		NO	
<p>IF YES, WHERE?</p> <p>IF YOU ANSWERED "NO" SKIP THIS SECTION.</p>	List (1-4) Employer Preferences. Rate/List them by (1) highest interest and (4) lowest interest.				
	1	Company/organization		Specific Dept or Program	
	Explain Why:				
	2	Company/organization		Specific Dept or Program	
	Explain Why:				
	3	Company/organization		Specific Dept or Program	
	Explain Why:				
	4	Company/organization		Specific Dept or Program	
	Explain Why:				
	<p>IF NO, WHAT TYPE OF WORKFORCE EXPERIENCES ARE YOU INTERESTED IN?</p> <p>IF YOU ANSWERED "YES" SKIP THIS SECTION.</p>	List (1-4) workforce experiences or jobs that interest you below. Rate/List them by (1) highest interest and (4) lowest interest.			
1					
Explain Why:					
2					
Explain Why:					
3					
Explain Why:					
4					
Explain Why:					

SUMMER 2025- EXTRACURRICULAR ACTIVITIES

WILL YOU BE ATTENDING ANY EDUCATIONAL CAMPS, SPORTS CAMPS, FAMILY REUNIONS, OR EVENTS/ACTIVITIES THAT REQUIRE YOU TO BE ABSENT FROM WORK DURING THE 2025 SUMMER EMPLOYMENT PROGRAM?						YES		NO		
<p>IF YES, PLEASE PROVIDE US WITH DETAILS ABOUT THE EVENTS THAT YOU WILL BE ATTENDING.</p> <p>IF YOU ANSWERED "NO" SKIP THIS SECTION.</p>	List all the extracurricular activities you will require you to be gone during your summer employment.									
	1	Event Title				Event Date(s)				
	Is this an educational, athletic or cultural activity?		YES		NO		How Many days of work will you miss?			
	2	Event Title				Event Date(s)				
	Is this an educational, athletic or cultural activity?		YES		NO		How Many days of work will you miss?			
	3	Event Title				Event Date(s)				
	Is this an educational, athletic or cultural activity?		YES		NO		How Many days of work will you miss?			
	4	Event Title				Event Date(s)				
	Is this an educational, athletic or cultural activity?		YES		NO		How Many days of work will you miss?			

SUMEMR YOUTH EMPLOYMENT PROGRAM TERMS & CONDITIONS

THE FOLLOWING GUIDELINES GOVERN THE ADMINISTRATION OF THE CONFEDERATED TRIBES SUMMER YOUTH EMPLOYMENT PROGRAM.

Youth Applicant	Parent/ Guardian	PLEASE READ EACH STATEMENT. The applicant and parent/guardian must <u>INITIAL</u> each line to show understanding and agreement.
		The information I provided in this application is true, accurate, and complete. I understand that giving false information or leaving things out could result in being let go from the program
		I understand that getting hired does not guarantee a job forever, and the program can terminate my employment at any time.
		I will follow all the rules about cell phone use. Breaking these rules could result in being removed from the program.
		I will follow the Summer Youth Employment Code of Conduct and anti-bullying rules.
		We understand that students must show up, participate, and act professionally. Instructors can remove students from class or the program if these expectations are not met, which could lead to unpaid time or dismissal
		If hired, I permit the CTUIR Higher Education Program to share my application with my assigned site supervisor.
		We understand this is a paid job-training opportunity. The student is responsible for getting to and from work on time each day.
		I permit CTUIR and its partners (Wildhorse Resort & Casino, Cayuse Technology, and Yellowhawk Tribal Health Clinic) to use photos of youth workers for public relations and reporting.
		I permit the CTUIR Education Department and its partners, including the Confederated Umatilla Journal, to take and use photos of me at work. These may be used for social media, outreach materials, and reports.
		This application is a formal agreement between the parent/guardian and the applicant. Any changes to guardianship (unless ordered by a court) may cancel this agreement and result in dismissal from the program.
		We understand that some job placements require applicants to be 16 or older. Other placement opportunities may require applicants to be at least 18.
		We understand that Job placements will be based on the applicant's experience, skills, interests, and training history or requirements set by each work site.
		We understand that not all employer preference requests can or will be guaranteed and that final placements depend on availability and program needs.
		The CTUIR reserves the right to make final selections based on CTUIR Tribal Preference and Indian Preference policies.

By typing or signing my name below, I acknowledge that I have read and understand the above-listed policies and guidelines of the Confederated Tribes Summer Youth Employment Program:

Youth Applicant Name: _____

Signature of Youth Applicant: _____ Date: _____

By typing or signing my name below, I acknowledge that I have read and understand the above-listed policies and guidelines of the Confederated Tribes Summer Youth Employment Program:

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Form

Please Print Clearly

Employee: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Name of Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Place of Work: _____ Work Number: _____

Name of Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Place of Work: _____ Work Number: _____

IN CASE OF EMERGENCY CONTACT

First Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Second Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Third Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Who is your current health care provider?

List any known allergies? _____

Are you currently taking any medications? Yes____ No____

If "Yes" please list them: _____

Signature of Youth Applicant:

Date:

Signature of Parent/Guardian:

Date:

Supplemental Form

Education, Credit, Criminal, Department of Motor Vehicle, Reference, and Prior Employment
Release Authorization Form

NOTICE TO APPLICANT

If you are considering employment with the Confederated Tribes of the Umatilla Indian Reservation, your educational background and prior place(s) of employment will be verified by the Office of Human Resources. This authorization form must be completed and signed by you and attached to the Tribal Application for Employment Form (application) for each position for which you may be applying. Failure to complete and sign the form may disqualify you for consideration for employment with the Tribe.

Applicant Signature

Print Name

Date

Social Security Number

Applicants for positions classified as Tribal Safety Sensitive or Covered Status Positions

Department: NA

Job Title: Temporary Employee/Summer

NOTICE TO APPLICANT

The Office of Human Resources shall conduct a background investigation on all applicants for positions classified as Tribal Safety Sensitive and Covered Status. Safety Sensitive positions shall include positions within the Tribal Police and Fire Departments as well as all positions designated as operating heavy equipment. Covered Status positions include positions within the Department of Children and Family Services, Office of Human Resources, Department of Education, and any other position identified as working with or supervising children. All such positions shall be required to undergo background investigation that will include Criminal, Credit, Employment, Education, and Motor Vehicle checks before an applicant can be interviewed.

Applicant Signature

Print Name

Date

Social Security Number

Date of Birth

Driver License State & Number

The Tribe collects Social Security Numbers only as necessary for use in the performance of the Tribe's duties and responsibilities, which may include the following possible purposes: classification of accounts; identity management; credit worthiness; billing and payments; data collection, reconciliation, and tracking; benefit processing; tax and scholarship reporting; financial aid processing; accreditation of programs; student health services; research management; and reporting to authorized state and federal government agencies. Federal and State laws require us to protect Social Security Numbers from disclosure to unauthorized parties. Employees are assigned CTUIR Employee Identification number to assist in