



2023

Lower Elwha Klallam Tribe Summer Youth Application Form

To ensure fairness and a drug-free environment,
All summer youth participants will be required to undergo drug testing,
including cannabis. **Only** those who pass the tests will be eligible for employment

Mandatory Orientation July 5-7th

Name: _____ Age: _____ DOB: _____

Address: _____ Contact phone #: _____

Email Address: _____

Enrolled Tribe: _____ Enrollment #: _____ Gender: _____

First Generation, List Tribe: _____

Enrolled School: _____ Grade Level: _____

Emergency Contact (Name/contact number): _____

Secondary Emergency Contact (Name/relation/#): _____

What type of transportation will you be utilizing to get to work? _____

Full time or Part time? _____
(40hrs/wk) (20hrs/wk)

What type of training have you received within the past 2 years? (ie, CPR, Food Handlers, Deep water, If 18, flaggers)

Areas of interest Circle up to 5 areas of interest.

Accounting, Education, Library, Police Department, Elders Program, Fish Hatchery, Food Bank, , Klallam Counseling, Child Care, Dental Clinic, Headstart, Health Clinic, Housing Authority Social Services, Klallam Language, Maintenance, Natural Resources, Planning and Development, Realty and Community, Recreation, Tribal Enrollment

References: Give **names of three persons to whom you are not related to**, whom you have known for at least one year: One should be a former Supervisor if you have one.

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

Have you ever been convicted, arrested or charged of any crime? If so, list the year and offense:

Name of Company: _____ Phone: _____
Address: _____ City _____ State _____ Zip _____
Your Job Title: _____ Date started: _____ Date Ended: _____
Your wage: _____ Reason for leaving _____
Description of duties: _____

Applicant

I hereby give my permission to do an investigation of all statements contained in this application. I understand misrepresentation or omission of facts is cause for dismissal. **You must sign this application: before you sign please read carefully --** I certify that, to the best of my knowledge that all of my statements are true, correct, and complete and made in good faith. I understand that any false statement on this application may result in not being hired, or in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does it obligate the employer in any way if the employer decides to employ me. I consent to the release of information concerning my personal history that I have listed on the application. If inquiry is made it may include information as to my character, general reputation, personal characteristics and mode of living. I release any person, firm, or institution from all liability, from any damage for issuing such information. **I acknowledge that the Tribe requires a Pre-Employment Drug Testing in accordance with Tribal Policies and Procedures.**

Signature of applicant: _____ Date: _____

***** Please see parental/Guardian consent on next page!**

Parents/Guardians

The Lower Elwha Klallam Tribe provides a variety of educational, experiential, and training activities for youth in the appropriate areas in accordance with Employment regulations. **I AM WILLING FOR MY CHILD (APPLICANT) TO BE INVOLVED IN WORK AND/OR OTHER RELATED ACTIVITIES, KNOWING THE LAWS GOVERNING THE EMPLOYMENT OF MINORS WILL BE ADHERED TO.**

SIGNATURE OF PARENT/GUARDIAN

DATE

(IF applicant is under 18 years of age)

Application can be turned into Human Resources at:

2851 Lower Elwha Rd.

Port Angeles, WA

98363

Phone: 360-452-8471, 7427