College Intern Program (CIP) Instructions for Applying

The Requirements for participating in the College Intern Program include:

- Must be a <u>current</u> college student; **or**

- Students graduating from high school or completing a GED **in the Academic Year 2022/2023**, need to provide **documented intent** to attend college in 2022/23 Academic School Year; a college acceptance letter is preferred.

- Indian Preference Policy will apply:
    1. Enrolled Klamath Tribal Member
    2. Direct descendant of an enrolled member of the Klamath Tribes
    3. Enrolled member of another federally recognized Tribe

Complete and <u>submit the following required documents by</u> **4:30 PM on May 26, 2023** to:

    PO BOX 436, Chiloquin OR 97624 or Fax 541-783-7802

or   hand deliver to the Klamath Tribal Administration in Chiloquin

	The Enrollment Verification: Klamath Tribes - Tribal Enrollment Verification form -<u>included in this packet;</u> **or** Tribal I.D. **if** enrolled in another federally recognized tribe
	Documented verification if claiming Klamath Tribes Descendant: Certificate of Indian Blood.
	Release of Information Form – <u>Included in this packet</u>
	Temporary Labor Pool Card – <u>Included in this packet</u>
	Current College students: provide Spring Schedule or unofficial transcripts with name showing AND a copy of a high school diploma showing graduation date or GED certificate of completion.
	Students graduating from high school or completing GED in current Academic Year: ➢ Copy of high school transcripts showing expected graduation date in AY 2022/2023, **or** a GED certificate showing completion in AY 2022/2023 ➢ Provide **documented intent** to attend college in the 2023/2024 Academic School Year. This can be a FAFSA confirmation **or** an Acceptance Letter **or** a Fall 2023 college class schedule, etc.

CIP applicants age 18 or older who are <u>selected</u> for potential hire may be required to clear a Background Check as noted in the position description; some positions may require fingerprinting.

To ensure successful application, <u>review and check off the required documents</u> from the list above prior to submitting to the Education & Employment Department.

For application information contact either Sheea Scott or Kathleen Mitchell in the Education & Employment Department at (541) 783-2219 extension 115 or 128 respectively. You can also email inquiries to sheea.scott@klamathtribes.com or kathleen.mitchell@klamathtribes.com.

REMEMBER - Submit **<u>all</u>** documents listed above **to the Education & Employment Department.**

The Klamath Tribes
Education & Employment Department
PO Box 436
Chiloquin OR 97624
Phone: (541) 783-2219   FAX: (541) 783-7802

College Intern Program
TRIBAL ENROLLMENT VERIFICATION FORM

Please verify the enrollment of the following student applying for one of the listed services indicated below.

Submit copy of Klamath Tribes Identification Card, if available, with this form.

Name of Applicant _____

Date of Birth_____   SSN   _____

Address   _____   Phone Number _____

_____   Alt Phone #_____

Tribal Affiliation _____   Roll Number If known_____

_____   _____
Applicant / Parent / Guardian Signature   Date

<<<<Tribal Office Use Only Below This Line>>>>

The applicant indicated on this form ___ **is / ___ is not** an enrolled Klamath Tribes member. Their

Klamath Tribes enrollment number is _____.

_____   _____
Enrollment Officer Signature   Date

Klamath Tribes Education & Employment Department
College Intern Program (CIP)

Privacy and Release of Information Statement

The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 88-230 (77Stat. 471, 25 U.S.C. 309). Disclosure of the requested information by the applicant is voluntary. The routine use of this information is to evaluate your request and to assist you before and during employment. Parts or all of the information in this application may be shared with your potential employer or other Tribal Departments if required. The application will be used in a routine manner by those people involved in financial control who need budgeting information contained in this application.

I have read the above statement. I hereby state that all information within this application is true and accurate. I also authorize the use of such information to the extent of the uses specified in this statement.

_____   _____

Signature of Applicant   Date

Klamath Tribes Labor Pool Form

Name: _____ Tribal Affiliation: _____Roll#:_____
Telephone: _____Message Phone: _____
Email:_____

Mailing Address: **Physical Address:**

_____   _____

_____   _____

_____   _____

Driver's License #_____State_____ CDL: _____Class ____Expiration Date: _____
Do you have clear driving record? _____ Mode of Transportation? _____

High School or **GED** (please circle)   Date Graduated_____
Facility_____
College Degree_____ Date Completed_____
Institution_____

List last three employers (may include volunteer work):
1.   Employer:_____   From mm/yy _____to mm/yy_____
Address: _____   Phone #:_____
_____   Reason for Leaving: _____
Supervisor: _____   Job Title: _____
Job duties:_____

2.   Employer:_____   From mm/yy _____to mm/yy_____
Address: _____   Phone #:_____
_____   Reason for Leaving: _____
Supervisor: _____   Job Title: _____
Job duties:_____

3.   Employer:_____   From mm/yy _____to mm/yy_____
Address: _____   Phone #:_____
_____   Reason for Leaving: _____
Supervisor: _____   Job Title: _____
Job duties:_____

Office Use Only
Job Categories in which you have experience: Referred by _____
1) _____   Additional Comments_____
2) _____   _____
3) _____   _____

Additional skills, training or education: _____
_____
_____
Applicant is currently a client of _____ Case Worker _____ tel #_____
Changes/Follow-up_____

Applicant's Signature: _____ **Date**_____

Klamath Tribes Labor Pool Form

Please indicate the number of months and/or years you have worked in the Job Categories listed below.
Also mark Yes (Y) or No (N) for job duties performed.

Office	Y	N		Food Service	Y	N		Heavy Equipment	Y	N
Yrs.____ Mo____				**Yrs.____ Mo____**				**Yrs.____ Mo____**		
Administrative Assistant				Cook				Dozer		
Customer Service				Line Cook				Dump Truck		
Accounting				Prep Cook				Back Hoe		
Computer				Sous Chef				Scrapper		
Multiline Phones				Nutritionist				Crane		
Network Environment				Wait Staff				Grader		
Typewriter				Cashiering				Other:		
Ten-Key				Custodian						
General office Equipment				Dish washer						
Records Management				Other:						

Natural Resources	Y	N		Janitorial/Grounds Keeper	Y	N		Construction	Y	N
Yrs.____ Mo____				**Yrs.____ Mo____**				**Yrs.____ Mo____**		
Fisheries				Use cleaning solutions				Carpenter		
Lab				Floor buffers				Framer		
Fish tagging				Sweep/mop/vacuum				Drywall		
Water Testing Equipment				Clean/sanitize bathrooms				Plumber		
Forest Restoration				Daily/weekly/monthly routines				Electrician		
Chain Saw				Prepping/painting				Painter		
Fire Fighter				Lawn mowers				Floors		
Other:				Weed Eaters				Welder		
				Watering				Roofer		
				Pruning				Laborer		

Computer Skills	Program	Program	Program	Mos	Yrs
Word Processing					
Spreadsheets					
Data Bases					
Graphics					
Other:					

Certifications, Licensing, Trainings:
Typing wpm_____ Certificate Date: _____
Put expiration date in the space following:
Food Handlers _____OLCC_____ First Aid/CPR _____ EMT_____ CNA _____
Flagger_____ Fire Fighter: Wildland_____ Structural_____ ECD _____
Haz-Mat_____ Hazwhopper _____CRT_____ Other_____ exp _____

Name of Training	License	Expires	Certificate	Expires	Degree	Year

Have you been convicted of a felony? _____yes   _____no

CIP Application 2023