

For this application to be considered complete, the following must be submitted:

- Completed application**
- Resume**
- Cover letter**



Summer Youth Internship Application



First consideration for employment is given to those of Native American heritage; all other are given consideration in accordance with the Equal Opportunity Act.

Application Disclaimer

While we do our best to honor each student's first-choice, application to SYI does not guarantee a place in your first-choice activity. Selection for all activity tracks is based upon a variety of criteria, which includes, but is not wholly dependent on, student interest in a particular activity.

Please select all that apply

- Coeur d'Alene Tribal Member
 Other Tribal Member
 Tribal Descendant
 Community Member

Click the arrow to the right of each drop box to select your top two areas of interest

1. _____ 2. _____

Do you have internet access at home: Yes No

What type of internet do you have at home: Red Spectrum Ziplly Cellular Other

Applicant Information

Name: _____ Date: _____
Last First Middle

Age: _____ Date of Birth: _____ Grade Level in Fall 23: _____

Current Mailing Address

Street/P.O. Box City State Zip

Applicant Phone Number

Cell: () _____ Home: () _____ Alternative: () _____

Current Email Address

Parent/Guardian Information

Name: _____ Relationship: _____
Last First

Parent/Guardian Phone Number

Cell: () _____ Home: () _____ Alternative: () _____

Current Email Address

Applicant Tribal Affiliation

Enrolled Tribal member Yes No Tribe: _____

Child of enrolled Tribal Member Yes No Tribe: _____

(If you are enrolled in a federally recognized tribe, attach a copy of your enrollment card/verification to this application to verify eligibility under the Indian Preference Policy)



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Answer this question only after reviewing the job description you are applying for:

Do you have a physical or medical condition which could limit your capacity for the job? Yes No

If YES, what can be done to accommodate your limitation?

Education

Name of middle/high school	Current grade level (2022-2023)	Years attended

Prior Work Experience

Date (mm/yyyy)		Name & Address of Present/Last Employer	Rate of Pay		Supervisor's Name & Title
From	To		Start	Finish	
Phone					
Current/Last Position Title			Status (<i>select one</i>)		
			<input type="checkbox"/> full-time <input type="checkbox"/> on-call <input type="checkbox"/> part-time <input type="checkbox"/> other		
Describe in detail the work you performed:					

Date (mm/yyyy)		Name & Address of Present/Last Employer	Rate of Pay		Supervisor's Name & Title
From	To		Start	Finish	
Phone					
Current/Last Position Title			Status (<i>select one</i>)		
			<input type="checkbox"/> full-time <input type="checkbox"/> on-call <input type="checkbox"/> part-time <input type="checkbox"/> other		
Describe in detail the work you performed:					



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List three (3) employee references: (not including any immediate family member)

1)		
	First & Last Name	Phone Number
2)		
	First & Last Name	Phone Number
3)		
	First & Last Name	Phone Number

Authorization & General Release

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge, and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that my employment may be conditioned on a background and/or fingerprint check. I authorize, in connection with this application, all corporations, credit agencies, educational institutions, law enforcement agencies, and military services to release information they may have about me to the Coeur d'Alene Tribe and release them from any liability or responsibility from doing so. Further, if necessary, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

I authorize any duly authorized representative of the Coeur d'Alene Tribe to obtain any information relating to my employment activities from my former employer(s). This information may include, but is not limited to, my achievement, performance, attendance, personal history, or disciplinary information. I authorize my former employer(s) to release such information upon request of the duly authorized representative of the Coeur d'Alene Tribe regardless of any agreement I may have had with my former employer(s) to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

In consideration of my employment, I agree to conform to the Tribe's Policies and Procedures, and I agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at either my or the Tribe's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Tribe.

If I am offered employment I agree to submit to a medical examination (if required by the job), fingerprinting (if required by the job), and mandatory drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Tribe and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Tribe the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will be that I abide by the Tribe's Drug and Alcohol Policy.

I understand that by inserting my name in the signature fields, I am submitting an electronic signature. This signature will be enforced on the same basis as if it were signed in person

Applicant Signature

Date



Summer Youth Internship Application



INTEROFFICE MEMORANDUM

TO: EMPLOYEE / PROSPECTIVE EMPLOYEE
FROM: HUMAN RESOURCES
SUBJECT: DRUG TESTING
CC: PERSONNEL FILE

Per the Coeur d'Alene Tribe Drug and Alcohol Free Workplace Policy, adopted by Council on November 21, 2000 (effective February 21, 2001; Resolution 38 (2001))

Drug and Alcohol Testing Procedures A. Pre-Employment Testing

"All new employees are required to sign a medical release that allows for future drug and/or alcohol testing information to be released to the Tribe in case of on-the-job accidents or other similar circumstances."

1. The Tribe has a policy against drug and alcohol abuse and reserves the right to screen its employees and applicants for employment as an enforcement measure in providing a safe, healthy, and productive working environment.
2. By my signature below, I am freely and voluntarily agreeing and consenting to submit a personal specimen of urine and/or blood for chemical analysis and testing to determine or rule out the presence of illegal, abused, or prohibited drugs/alcohol or substances in my body fluids.
3. I hereby authorize the Tribe's duly appointed collection facility and testing laboratory and their personnel to obtain, process and test the specimen and to release and discuss results of the analysis and test to the Human Resources Director for employment purposes (pre-employment, for-cause testing, random testing, on-the-job accident testing, etc.). Said information will be handled as confidentially as is reasonably possible, shared only on a "need to know" basis.
4. I understand a documented chain of custody exists to ensure the identity and integrity of my specimen through out the collection and testing process.
5. As an applicant, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test this will constitute voluntary withdrawal of my application for employment and no further consideration shall be given. As an employee, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute a violation of Tribal policy and I will be subject to disciplinary action up to and including termination of employment.
6. In consideration of my personal desire for a safe work environment, I hereby voluntarily give my consent for the Tribe to conduct periodic inspections of Tribal property and premises for illicit drugs, drug paraphernalia, and/or open alcohol containers. Inspections will be conducted only when the Administrative Director or Human Resources Director of the Coeur d'Alene Tribe has information, which would cause a reasonable person to believe that illicit drugs, drug paraphernalia, and/or open alcohol containers are on the premises.

I understand that by inserting my name in the signature fields, I am submitting an electronic signature. This signature will be enforced on the same basis as if it were signed in person

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Racial Equity in STEM Student Consent Form

NSF-EHR Racial Equity Project: *Weaving the Past, Present, and Future Voices of the schitsu'umsh People*

You have been invited to participate in a summer learning experience as part of the Coeur d'Alene Weaving the Past, Present, and Future Voices of the schitsu'umsh People (WPPFV) project, supported by the National Science Foundation. In this project we are exploring (1) how learning through a decolonizing curriculum impacts your understanding of historical events, which led to the creation of the Coeur d'Alene Reservation, (2) how you respond to the way encroachment on aboriginal lands has impacted the culture, language, lifeways and land of the Coeur d'Alene people, (3) how summer land-based experiences impact your identity as Native STEM learners.

Please read this form and ask any questions you may have before agreeing to be involved. There is a research part to this project and we will gather data, which will help us to measure "the connection future Native American decision-makers have to their land, their community and the economic, social and environmental impacts related to their everyday lives in order to develop leaders in community guardianship and advocacy". To achieve this, we will make observations (notes, audio, photographs, video), and ask you to complete a survey at the beginning and at the end of the four-week program.

Your feedback is very important to us and we may ask you to participate in talking circles about the activities and learnings with DoE/Project Staff and with the project evaluator, Dr. Vanessa Anthony-Stevens. All project data will be private, owned by the Tribe, and secured via password-protected electronic storage. It will be accessible only by DoE/NSF project staff. Your name will never be given to anyone outside of the DoE/NSF project team.

There are no risks to you for helping with the research beyond what you would experience in a typical day. You will not be identified in written reports produced as part of this project. In addition, you may choose not to participate and/or drop out of the WPPFV project at any time without affecting your relationship with anyone affiliated with the project.

**Please choose if you want to participate or not, then sign and return the part below.
Thank you for your cooperation.**

I **DO** approve my student to participate in the WPPFV research project.

I **DO NOT** approve my student to participate in the WPPFV research project.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Program Manager Signature _____

Date: _____

If you have questions, please contact

Dr. Christine Meyer, Director (PI) Coeur d'Alene Tribe, Department of Education (208) 686-5013 cmeyer@cdatribe-nsn.gov	Dr. Julie Poynsenby, NSF Program Manager Coeur d'Alene Tribe, Department of Education (208) 686-0405 julie.poynsenby@cdatribe-nsn.gov
Dr. Laura Laumatia, Environmental Programs Manager (PI) Coeur d'Alene Tribe, Department of Natural Resources (208) 686-0500 laura.laumatia@cdatribe-nsn.gov	Dr. Dale Chess, Limnologist (Co-PI) Coeur d'Alene Tribe, Department of Lake Management (208) 686-1803 dale.chess@cdatribe-nsn.gov