

P.O. BOX 910 • SELLS, ARIZONA 85634-0910 • (520) 383-2281 • FAX (520) 383-3096

Sells District Summer Youth Program May 28, - June 21, 2024

QUALIFICATIONS

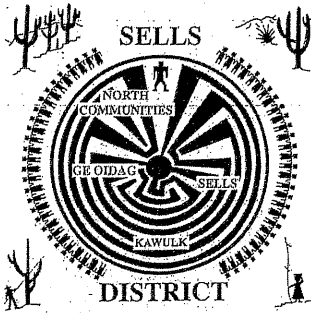
1. Youth between 14-17 years of age. Must be 14 years of age by May 1, 2024.
2. Youth and/or Parent/Legal Guardian must provide proof of Sells District Membership.
3. Applicant must provide the following documentation:
 - a. *Identification Card*
 - b. *Social Security Card*
 - c. *Tohono O'odham Nation tribal Identification/enrollment letter.*
 - d. *Report Card for the 2023-2024 school year.*
 - e. *A letter of interest in 100 words or more telling why you want to participate in the Summer Youth Program must be handwritten by the applicant.*
 - f. *Preference will be given to first-time applicants.*
4. Must submit a **complete** Application with all necessary documents.

Applications are available at the Sells District Office and online at sellsdistrict.com.

Office Hours: 8:00 a.m. – 5:00 p.m.
Monday through Friday

**Deadline for Applications:
Wednesday, May 22, 2024, at 5:00 p.m.**

For additional information contact Sells District at 520-383-2281



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Application for Summer Youth Program

(Please Print Clearly and Answer all Questions. Resumes are not a substitute for a complete application)

We are an equal-opportunity employer. Applicants are considered for positions with regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Today's Date: _____

Applicant Enrollment #: _____

Name: _____

Telephone #: _____

Address: _____

Message #: _____

(P.O. Box, Street, Apt/ or Unit No.)

(City, State, Zip)

Parent(s)/Legal Guardian: _____
(Father/Legal Guardian)

Enrollment # _____

(Mother/Legal Guardian)

Enrollment # _____

Are you currently attending school? Yes No
If no, did you _____ Already Graduate
_____ Earn a GED

Will you be attending Summer School? Yes No
If so what dates: _____

If yes, what is the name of your current school? _____

What grade will you be in Fall 2023? 7 8 9 10 11 12

Have you ever been arrested OR convicted?	Yes	No
Have you ever applied for this program?	Yes	No
If yes, were you selected?	Yes	No
Did you successfully complete the program?	Yes	No
Have you ever initiated an act of violence in the workplace?	Yes	No
Are you eligible to work in the U.S.?	Yes	No

If you answered yes to any of the previous questions, please explain so that individual circumstances can be considered.

List any special skills (i.e., equipment operation, special tools or machines, computer knowledge, etc.)

WORK EXPERIENCE

Employer: _____ Address: _____
Phone number: _____ City, State, Zip: _____
Start Date: _____ End Date: _____
Job Title: _____
Supervisor's Name: _____

May we contact your previous supervisor? Yes No

Duties:

Employer: _____ Address: _____
Phone number: _____ City, State, Zip: _____
Start Date: _____ End Date: _____
Job Title: _____
Supervisor's Name: _____

May we contact your previous supervisor? Yes No

Duties:

Employer: _____ Address: _____
Phone number: _____ City, State, Zip: _____
Start Date: _____ End Date: _____
Job Title: _____
Supervisor's Name: _____

May we contact your previous supervisor? Yes No

REFERENCES

Please list names of three (3) individuals we may contact for character references.

Immediate family members may not be used. All Spaces must be filled

- 1. Name: _____ Relationship: _____ Telephone number: _____
- 2. Name: _____ Relationship: _____ Telephone number: _____
- 3. Name: _____ Relationship: _____ Telephone number: _____

Please list telephone numbers that are in service.

APPLICANT CERTIFICATION

I acknowledge that if hired by the Sells District, employment is on an At-Will basis. This means the Sells District is free to terminate my employment at any time with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the Sells District at any time for any reason. This At-Will provision may be modified or waived only in a written agreement signed by an authorized representative of the Sells District and me. I agree and conform to the rules and regulations of the Sells District, and I understand that the Sells District has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of Employment At-Will.

I understand that the Sells District may now have, or establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law.

I certify that all the information on this application and any supporting documents are complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or if employed, disciplinary action, up to and including immediate dismissal.

Parent/Legal Guardian Permission Statement

I hereby give my permission for my child to participate in the Sells District Summer Youth Program. I further state that I have read this application and that it is accurate and complete to the best of my knowledge. I agree to provide any documentation necessary to verify the information on this form. I understand that completing this application does not guarantee that my child will be employed.

Youth Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____