

College Intern Program (CIP) Instructions for Applying

The Requirements for participating in College Intern Program are:

- Must be a current college student
- Students graduating from high school or completing GED in **Academic Year 2018/19** and providing documented intent to attend college in **2019/20** Academic School Year
- 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 submit all the following required documents by close of business March 29, 2019 to: PO BOX 436, Chiloquin Blvd, Chiloquin OR 97624 or Fax 541-783-7802:

	The Enrollment Verification: Klamath Tribe - 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: <ul style="list-style-type: none"> ➤ Copy of high school transcripts showing graduation date in AY 2018/19 or a GED certificate for showing completion in AY 2018/19 ➤ Provide documented intent to attend college in the 2019/20 Academic School Year. This can be a FAFSA confirmation or an Acceptance Letter or a 2019 college class schedule, etc.

All CIP applicants considered for potential hire **MUST pass the pre-employment drug/alcohol test and clear a background check including fingerprints.**

To ensure successful Application, **review and check off the required documents** that you have from the list above and are submitting to the Education & Employment Department.

For Application information contact either Coquise Wilson or Sally Brandt in the Education & Employment Department at (541) 783-2219 extension 133 or 128 respectively. You can also email inquiries to coquise.wilson@klamathtribes.com or sally.brandt@klamathtribes.com.

REMEMBER - Submit **all** 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.

____ Adult Basic Education ____ Adult Vocational Training ____ Higher Education
____ Johnson O'Malley ____ Direct Employment Assistance ____ CIP

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

Name of Applicant _____

Tribal Affiliation _____

Date of Birth _____ 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#: _____
SS#: _____ 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 #: _____
Supervisor: _____ Reason for Leaving: _____
Job duties: _____ Job Title: _____

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

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

Office Use Only

Job Categories in which you have experience:

- 1) _____
- 2) _____
- 3) _____

Referred by _____
Additional Comments _____

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:					
Construction								
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 _____ exp _____

Name of Training	License	Expires	Certificate	Expires	Degree	Year

Have you been convicted of a felony? ____yes ____no