

## College Intern Program (CIP) Instructions for Applying

### The Requirements for participating in the College Intern Program include:

- Must be a current college student; **or**
- Students graduating from high school or completing a GED **in the Academic Year 2023/2024**, need to provide **documented intent** to attend college in 2024/25 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 submit the following required documents by 4:30 PM on May 24, 2024 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> ; <b>or</b> 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>
	<b>Current College students:</b> 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.
	<b>Students graduating from high school or completing GED</b> in current Academic Year: <ul style="list-style-type: none"> <li>➤ Copy of high school transcripts showing expected graduation date in 2024, <b>or</b> a GED certificate showing completion in academic year 2023/2024.</li> <li>➤ Provide <b>documented intent</b> to attend college in the 2024/2025 Academic School Year, this can be FAFSA completion confirmation <b>or</b> a college Acceptance Letter</li> </ul>

CIP applicants age 18 or older who are selected 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, review and check off the required documents 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](mailto:sheea.scott@klamathtribes.com) or [kathleen.mitchell@klamathtribes.com](mailto:kathleen.mitchell@klamathtribes.com).

**REMEMBER** - Submit all documents listed above **to the Education & Employment Department**.

**\*\*Participants may be photographed or ask to be videotaped during the performance of duties during the summer employment program.**



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

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<<<<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)

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Participants may be photographed or ask to be videotaped during the performance of duties during the summer employment program.

## **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.

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Signature of Applicant

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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 #: \_\_\_\_\_

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			Scraper		
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