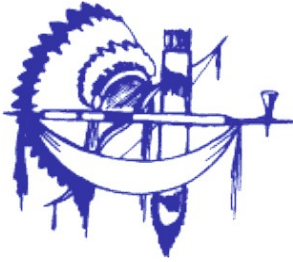


Please return application to the BPT Human Resource Department. (Administration Office).
Jordon Bennett, Human Resources Manager 541-573-8013, Jordon.Bennett@burnspaiute-nsn.gov
Youth Opportunity Program (YOP) Extended Deadline: June 17, 2022



Burns Paiute Tribe

100 PASIGO STREET BURNS, OR 97720
PHONE (541) 573-2088
FAX (541) 573-2323

Youth Opportunity Program (YOP) Summer Employment for Burns Paiute Tribal Youth (Age: 14 to 18 Years)

Program Applying For: _____

Name: _____ Date: _____

Mailing Address: _____

Burns Paiute Tribe Enrollment Number: _____

Date of Birth: _____ Grade Completed: _____

Email Address: _____

Name of Parent/Guardian: _____ Phone: _____

Parent/Guardian Email Address: _____

Emergency Contact Name & Phone:

Education:

Name of School: _____

Address: _____

From: _____ To: _____

Did you graduate? Yes No

Diploma or Degree: _____

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Work Experience

1) Employer Name and Address: _____

Position Title: _____

Start/End Dates: _____ Final Pay Rate: _____

Duties: _____

2) Employer Name and Address: _____

Position Title: _____

Start/End Dates: _____ Final Pay Rate: _____

Duties: _____

3) Employer Name and Address: _____

Position Title: _____

Start/End Dates: _____ Final Pay Rate: _____

Duties: _____

Equipment Used

List all equipment that you have used during your work experience:

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References

Please provide the following: name of reference, occupation of reference, relationship to you (supervisor, etc.), and his/her telephone number.

1. Name of Reference: _____

Company Name: _____

Relationship: _____ Phone: _____

2. Name of Reference: _____

Company Name: _____

Relationship: _____ Phone: _____

Internet Access

Do you have access to internet at home? Yes No

Do you have access to a computer, laptop or tablet? Yes No

Summer Camps

If you will attend any academic or sports camps during the session, please provide the name of the camp and dates.

Name of Camp: _____

Date of Camp Sessions:

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I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application may result in immediate release from the BPT Culture & Heritage Internships Program. All information contained in this application is protected by the Privacy Act (5 U.S.C. 552a).

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Official Use Only
Date Application Received: _____ Staff Initial: _____
Work Placement: _____
Start Date: _____
End Date: _____
*Dates for academic or sports camp: _____