

**Mille Lacs Band of Ojibwe – Department of Labor  
2014 WII-DU PROGRAM  
Continuing 2014**

**AGES: 16-20 for hourly participants, 12-15 for activities participants**

**\*\*\*\*Enrolled member of the Mille Lacs Band of Ojibwe\*\*\*\***

**\*\*\*Direct descendant of enrolled Mille Lacs Band Member\*\*\***

**Attention: The entire application must be completed**

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<b>Name of Applicant</b>	<b>Date of Application</b>

1. All employment applicants must be 16 years of age by **Date application is signed – No Exceptions**
2. All activities applicants must be 12 years of age by **Date application is signed. No Exceptions.**

**To prevent delays in processing your application, please submit all of the necessary verifications with your application. All information will be kept confidential and is necessary to determine funding source for each youth participant.**

**Required verifications:**

- Proof of Tribal membership**
- Proof of date of birth (i.e. birth certificate or government ID)**
- Copy of Social Security Card**
- Males ages 18-20, proof of Selective Service registration**
- Medical Insurance verification**
- Income Verification from Parents/Guardians going back 1 month**

Submit original application and required verifications to:

**Mille Lacs Band Department of Labor  
43408 Oodena Drive  
Onamia, MN 56359**

Applications can be submitted in person at the following locations:

District I: Department of Labor – lower level of Government Center

District II: East Lake Modular Building – Mary Greene

District IIA: Chiminising Community Center – Front Desk

District III: Lake Lena Community Center – Lawrence Staples or Front Desk

For questions, please call (320) 532-7867 or fax to (320) 532-3785. Attn: Martha Dalton

**PERSONAL INFORMATION:**

District you live in or by: \_\_\_\_\_  
District you want to work in: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female  
Please Circle One

Tribal Affiliation: \_\_\_\_\_ Tribal ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL CARE:**

1. Do you have any type of medical problems that would affect your ability to work a particular type of job? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Do you have any current or former problems with alcohol and/or substance abuse? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Do you have a disability or handicap that requires special arrangements? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**CHILD CARE:**

1. Do you have the need for any child care? \_\_\_\_\_. If yes complete this section – If no skip to next section.

2. Indicate the number of children who will need child care assistance: \_\_\_\_\_

2. Do any of the children have special needs? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

1. Are you in High School? \_\_\_\_\_ (If yes complete 2-4 if no skip to 5)

2. What is the highest educational grade completed? \_\_\_\_\_

3. What school do you attend? \_\_\_\_\_

4. Do you plan to return to school in the fall? ( ) Yes ( ) No

Please explain: \_\_\_\_\_

5. Do you have a high school diploma or GED? ( ) Yes ( ) No

## WORK HISTORY/EXPERIENCE:

Work Site: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Dates: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

City/Town: \_\_\_\_\_ List responsibilities: \_\_\_\_\_

Work Site: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Dates: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

City/Town: \_\_\_\_\_ List responsibilities: \_\_\_\_\_

Work Site: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Dates: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

City/Town: \_\_\_\_\_ List responsibilities: \_\_\_\_\_

Any volunteer or community service work or school activities that you would like to add to your experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a resume? \_\_\_\_\_ If yes, please attach.

## IDENTIFY YOUR SKILLS/INTERESTS/GOALS

These are some skills that you have because of your life experiences. They are called “**transferable skills**”.

### Dealing with People

Explain your ideas and feelings

Listen and ask questions

Talk easily with others

Greet people

Take messages

Ask questions

Help people

Speak in public

Give and take to make an agreement

### Dealing with Information

Share information through e-mail, computers, etc.

Write clear reports

Design presentations

Read and understand information (e.g., words, graphs, charts, diagrams)

Find information using technology (research computers databases)

### Dealing with Numbers and Money

Study numbers and facts

Measure different amounts

Figure out how much money is needed for something

Add up totals

Compare prices

Count stock or merchandise of a store or company

Count money

Sell different items

### Building and Repairing

Use my hands to work  
Construct buildings  
Repair things

Put things together  
Operate tools and machinery

Build or repair things  
Drive or operate vehicles

### Being Creative and Artistic

Able to express yourself through art  
Perform, act  
Able to express feelings easily  
Write poetry

Love for music  
Drawing, art  
Present artistic ideas  
Design web pages

Dance, body movement  
Play instruments  
Write short stories  
Get high scores in video games

These are the skills that show you have a good character and you can fit into any work place. Employers will want to know this about you. These are sometimes called “**soft skills.**”

### A Problem Solver

Create and talk about new ideas  
Find out the cause of a problem  
Check to see if a solution works

Figure out when there is a problem  
Look at different solutions  
Change the solution if needed

Look at different points of view  
Put the solution into action  
Give and take to make an agreement

### A Leader

Supervise others  
Make decisions  
Give jobs to other  
Speak in public  
Work hard to get results  
Take risks

Put together a group meeting  
Plan a meeting or project  
Run meetings  
Explain things to others  
Solve problems  
Show others what to do

Help others feel interested in something  
Come to an agreements with others  
Tell people what they need to do  
Control yourself and make good choices  
Help two sides come to an agreement

### A Positive Attitude

Feel good about yourself  
Show interest and effort  
Open to change

Speak to others in a positive manner  
Recognize other people’s good efforts  
Encourage others to be successful

Respectful when working with others  
Take care of your personal health  
Admit where you could improve

### Responsible

Set goals balancing work and personal life  
Take responsibility for your own actions  
Get jobs done on time

Plan and manage time and money to achieve goals  
Help your community  
Know health and safety practices

Willing to Learn

Willing to learn and grow	Find personal strengths and areas to improve	Set your own learning goals
Identify learning sources and opportunities		Plan for and achieve your learning goals

A Team Player

Respect people's differences	Be open to change	Accept and provide feedback in a considerate manner
Encourage others	Be patient with others	Share information and expertise
Teach others	Give people advice	Lead or support when appropriate
Talk to people	Trust others	Manage and resolve conflict when appropriate
Supervise others	Help others	Speak up when there is a problem
Listen to what others have to say		

**From the list above or some of your own ideas – list your top 10 skills below:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Answer the following questions to help determine what interests you about a job?**

What is important to me in a job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What motivates me to work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do I learn best? \_\_\_\_\_

What kinds of tasks do I want (and not want) to do on my job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your dream job? Come on, everyone has one--anything goes! What is most appealing about your dream? How can you apply this to your career path? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goal Setting – recognizing your dreams for your life**

Spend some time thinking about your dreams for your future, or your goals in life. Some of these may be short term (you want to do them in the next few months or a year). Others might be longer term (you will need more than a year to accomplish them).

**1. How would you like your life to look overall?**

Start by thinking of the big picture. What are your dreams and goals for your life in general? Write down your ideas here.

SOON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LATER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. What do you see yourself doing in the following areas soon? Later?**

Now think about specific areas of your life. Write down your short-term and long-term goals in each of the following areas.

A. How far do you hope to go in school? What type of education do you want?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

B. What kind of job do you hope for?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

D. What kind of family life do you hope for?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

E. What kinds of friendships and personal relationships do you hope for?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

F. What types of fun and recreation do you hope for?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

G. What are your dreams for living on your own or being independent?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

H. In what ways do you hope to be involved in your community?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

I. What sort of spiritual life do you hope for?

SOON: \_\_\_\_\_

LATER: \_\_\_\_\_

**Please list any culture activities you would like to learn or participate in on a regular basis:**

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**Based on your skills listed above, interests, and goals listed, what are some work sites that you would be interested in being placed at?**

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**Please read the following statements and initial your understanding of the statement.**

1. All Youth Program jobs will require a drug testing. \_\_\_\_\_
2. Some job placements will require a background check. \_\_\_\_\_
3. \*\* Because the DOL program is federally funded, you are not eligible to file for Minnesota unemployment insurance. \_\_\_\_\_
4. If you are a male between the ages of 18 – 20, you must register for selective services to be eligible to work for a federally funded program. \_\_\_\_\_

(If you need assistance ask the DOL Coordinator)

**EMERGENCY INFORMATION:**

In the event of an emergency, please contact:

First Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Second Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**\*\*Due to the fact that the youth are participating in a work training program, and wages are paid through the TANF grant, the youth will not be eligible to file for unemployment compensation once their employment ends per Minnesota Statute 268.035, Subd. 20 (10). The State of Minnesota's statutory definition of non-covered employment for unemployment compensation benefits, reads as follows:**

*Minnesota Statute 268.035, Subd. 20, (10) employment of an individual receiving work relief or work training as part of an unemployment work relief or work training program assisted or financed in whole or in part by any federal agency or an agency of a state or political subdivision thereof.*

**CERTIFICATION: I certify that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found to have provided false information and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and I understand that it will be used to determine my eligibility to participate in the 2014 Year Round Wii-Du Program.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_  
(only necessary if applicant is under 18 years old)

**Date:** \_\_\_\_\_

**Agency Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENTAL CONSENT FORM  
FOR DRUG & ALCOHOL TESTING &  
CONFIDENTIALITY AGREEMENT  
FOR  
DEPT OF LABOR YOUTH PARTICIPANTS**

The Mille Lacs Band of Ojibwe has adopted the drug free workplace law which allows us to provide a safe, efficient and productive work environment for our employees. To help ensure a safe and healthy work environment, employees will be asked to provide a drug and alcohol sample to determine the illicit or illegal use of drugs and alcohol. This would apply to the Department of Labor Youth Program participants. In order for your child to participate in the DOL Youth Program we require that a consent form be signed by you as the parents/guardians that will give Mille Lacs Band of Ojibwe permission to do an alcohol and drug screen within these areas:

- For program admission – based on screening outcome, youth participant will be placed in appropriate training program.
- Post Accidental – An employee involved in a work related injury or accident that requires medical treatment or causes property damage or loss.
- Reasonable Suspicion – An employee who exhibits behavior which creates a reasonable suspicion of being under the influence of alcohol or other drugs at work.
- Reasonable Suspicion for Possession – the Mille Lacs Band of Ojibwe reserves the right to utilize the assistance of law enforcement personnel in cases of possession or use of illegal substances on Band property.

We will contact the parents if a youth worker is required to do an alcohol and drug screen. In order for your child to participate in the Youth Program, we do ask you as the parents/guardians and your child to sign this consent form.

I, \_\_\_\_\_ give my child \_\_\_\_\_ permission to do the required alcohol and drug screen if there are circumstances as stated above which require this testing. I understand that this is a requirement in order for my child to participate in the youth program. I further understand that I will be contacted, however if I am unavailable at the time, the testing will be conducted without my presence.

\_\_\_\_\_ Parents/Guardians

\_\_\_\_\_ Date

\_\_\_\_\_ Youth Participant

\_\_\_\_\_ Date

**MILLE LACS BAND OF OJIBWE  
EMPLOYEE CONFIDENTIALITY AGREEMENT**

This Agreement is made by and between the Mille Las Band of Ojibwe (the “Band”) and \_\_\_\_\_ (the “Employee”). It is effective as of the date entered below and shall continue in effect as long as the Employee continues his/her employment with the Band.

The Above named employee agrees and understands that certain sensitive and confidential information may be obtained by the employee in the course of his/her employment with the Band. By signing this document the employee agrees to the following:

1. To maintain the confidentiality of all Band financial information. This includes, but is not limited to, all information regarding investments, financial or bank accounts, investment or financial strategies, grants, revenues and/or budget information that may come to the attention of the Employee;
2. To maintain confidentiality of all Band Member confidential information. This includes, but is not limited to, individual applications for housing programs, financial information, mortgages, loans, educational programs, medical information, or other non-public information pertaining to Band Members;
3. To maintain confidentiality of all Band program and business information including, but not limited to, financial and/or participant information regarding the Band’s programs, businesses, entities, committees or boards;
4. To maintain confidentiality of all information contained in employee personnel files and employee salary information;
5. To maintain confidentiality of all Band documents concerning Band suppliers, vendors, contractors, service providers and contracts;
6. To maintain the confidentiality of all other Band information that the Band could reasonably expect to be kept private.

This Agreement shall be governed in accordance with the laws of the Mille Lacs Band of Ojibwe. By signing this Agreement, the Employee consents to the jurisdiction of Court of Central Jurisdiction to resolve disputes arising out of this agreement and to enforce the terms of this agreement. Nothing in this Agreement shall be construed as a waiver of sovereign immunity.

**MILLE LACS BAND OF OJIBWE  
EMPLOYEE CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, have read this Agreement before signing it and agree to its terms in their entirety. I understand that I may not disclose any information protected by this agreement without first receiving explicit written permission from a Band government official at the Commissioner level or higher.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2014

EMPLOYEE:

\_\_\_\_\_  
Type or Printed Name Above

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Parent or Guardian Signature (if employee is under 18)

MILLE LACS BAND OF OJIBWE:

\_\_\_\_\_  
Commissioner or Director Signature

Acceptance of employment by the Department of Labor Mille Lacs Band Youth Employment Program means compliance with the Mille Lacs Band Employee Policies, not limited to but including, the following:

#### BEHAVIOR OF EMPLOYEES:

##### Policy:

It is the policy of the Band that certain rules and regulations regarding employee behavior are necessary for the efficient operation of the Government and for the benefit and safety of all employees. Conduct that interferes with operations or discredits the Mille Lacs Band or is offensive to Band members or fellow employees will not be tolerated.

1. All employees are expected to conduct themselves and behave in a manner which is conducive to the efficient operation of the Band. Such conduct includes:

- a. Reporting to work punctually (as scheduled) and being at the proper work station, ready for work, at the assigned time;
- b. Notifying the supervisor in advance when the employee will be absent from work or is unable to report for work on time;
- c. Complying with all Band safety regulations;
- d. Smoking only at times and places not prohibited by departmental rules or Executive, Commissioner, or Secretarial Order;
- e. Treating all Band members, visitors and fellow employees in a courteous manner;
- f. Restraining from behavior or conduct deemed offensive or undesirable or which is subject to disciplinary action;
- g. Performing assigned tasks efficiently and in accordance with established quality standards; and
- h. Reporting to the appropriate Executive, Judiciary or Legislative staff suspicious, unethical or illegal conducts by fellow employees, customers or suppliers.

2. The following conduct is prohibited and will subject the individual involved to disciplinary action, up to and including termination:

- a. The reporting to work under the influence of alcoholic beverages and/or illegal drugs and narcotics or the use, sale, dispensing or possession of alcoholic beverages and/or illegal drugs and narcotics on Band premises;
- b. The use of profanity or abusive language;
- c. The possession of firearms or other weapons during working hours;

- d. Insubordination or the refusal by an employee to follow management's instructions concerning a job-related matter;
- e. Fighting or assault on a fellow employee or Band member;
- f. Theft, destruction, defacement or misuse of Band property or of another employee's property;
- g. Falsifying or altering and Band record or report, such as an application for employment, a medical report, a production record, a time record, and expense account, an absentee report or shipping and receiving records;
- h. Threatening or intimidating the Administration (Judiciary, Executive, and Legislative staff), supervisors, security guards, law enforcement officials or fellow workers.
- i. Smoking, if prohibited by department rules;
- j. Engaging in any form of sexual harassment.

3. The examples in comment 2 above illustrate the type of behavior that will not be permitted but are not intended to be all-inclusive. Any questions in connection with this policy should be directed to the Director of Human Resources.

#### PERSONAL APPEARANCE OF EMPLOYEES

##### Policy:

As employees of the Mille Lacs Band, the public will perceive employees as representatives of the Band. Therefore, all employees should strive to appear neat.

Employees are expected to use their own discretion and common sense when dressing for their position on different occasions.

It will be the responsibility of the appropriate supervisor to notify an employee if the employee's attire is inappropriate.

#### USE OF COMMUNICATION SYSTEMS

##### Policy:

It is the policy of the Band to provide or contract for the communication services and equipment necessary for the conduct of its business. Such communication services and equipment should not be used for personal purposes except in emergencies or when extenuating circumstances warrant it.

1. Employee personal use of the Band's communication services and equipment is restricted because such usage can impede the normal flow of business, incur unnecessary Band expense and reduce productivity. When personal usage of Band communication facilities is unavoidable, employees must properly log any user charges and reimburse them to the Band. Personal long distance telephone calls should normally be either placed collect or charged to the caller's home phone.

2. Employees who do not have direct access to a Band telephone should make provisions to have emergency or other necessary incoming calls routed to their supervisor. The Band does not, however, accept responsibility for the prompt or accurate relay of personal messages.

3. Employees are not to use Band stationary or postage for personal letter. Personalized stationary and business cards may only be issued by the Band. Employees should exercise care so that no personal correspondence appears to be an official communication by the Band.

I, \_\_\_\_\_, agree to abide by the Mille Lacs Band of Ojibwe Employee Policies for the period of employment, **January, 2014** through end of employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name of Parent/Guardian (if under 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE AND WAIVER OF LIABILITY**

**Department of Labor  
Mille Lacs Band of Ojibwe**

I \_\_\_\_\_

Parent/Guardian of \_\_\_\_\_

Hereby agree not to hold the Mille Lacs Band and/or Department of Labor and/or each of its workers responsible for any harm, injury, loss, liability, damage, or cost that may incur while my above mentioned child/children or I participate in the Wii-Du program.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Parent/Guardian or Participant over eighteen (18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Labor Authorized Signature

\_\_\_\_\_  
Date