Karuk Community Health Clinic

64236 Second Avenue Post Office Box 316 Happy Camp, CA 96039 Phone: (530) 493-5257 Fax: (530) 493-5270



Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue Post Office Box 1016 Happy Camp, CA 96039 Phone: (530) 493-2201 Fax: (530) 493-5364

Karuk Tribe 2021 Summer Youth Employment

The Karuk Tribe is pleased to announce this year's Summer Youth Employment Opportunities!

NOTE: Protocols are followed to remove as many risks as possible related to the COVID-19 Pandemic from the work environment of all Karuk Tribe employees.

Youth will be hired to work in each of the following Tribal Departments/Programs: Housing (KTHA) – 9 positions (3 for each community), DNR – 4 positions (Orleans), Summer Food Program – 6 positions (2 in each community), Judicial – 1 position (Yreka), Land Department – 1 position (Yreka), TERO – 1 position (Happy Camp), and Maintenance – 2 positions (1 in Happy Camp and 1 in Orleans). Number of positions offered in each community: Orleans – 10, Happy Camp – 7, Yreka – 7. 24 total youth positions performing indoor or outdoor duties.

Dates of employment will be June 22, 2021 through August 13, 2021. (8 Weeks)

Application packets are available online at http://www.karuk.us/jobs/ or by visiting any Karuk Tribal Office.

Applicants must be between the ages of 16 through 19. Preference will be given to Karuk Tribal Members and Descendants.

Each position will be paid at the rate of \$14.00 per hour for up to 40-hour work weeks, Monday through Friday.

Interested youth must submit an employment application (not attached) to Vickie Simmons, Human Resources no later than Friday, May 14, 2021 by 5:00 pm as follows:

In person at the Happy Camp Administration Office; Mail to PO Box 1016, Happy Camp, CA 96039; or Fax to (855) 437-7888; or email vsimmons@karuk.us

Applicants who are selected for employment will be required to submit to a pre-employment drug screening test (parental consent will be required for youth under age 18).

Youth under the age of 18, who are still students, will be required to obtain a Work Permit from their school.

Recruitment Timeline:

May 14	Applications Due by 5:00 pm
	Screen Applications / Set Dates for Interviews / Notify Applicants
May 17-27	/ Hold Interviews (After School Hours)
June 4	Complete Drug Testing (After School Hours)
June 22	Group Orientations (First Paid Day)
August 13	Last Day of Work (8 Weeks Total)

Karuk Tribe Summer Youth Employment Application Checklist

All items must be included for application to be considered complete.

Completed and Signed Employment Application (https://www.karuk.us/index.php/jobs/employment). If under the age of 18 your Parent/Legal Guardian must also sign the application next to your signature.									
Resume, Cover Letter, Reference Letters, and any Certifications. (While not required, it is good practice to include these with your application.)									
Proof of Tribal Enrollment if claiming Tribal Preference.									
Proof of Age.									
Signed Consent for Drug Screening. If under the age of 18 your Parent/Legal Guardian must also sign the Consent AND accompany you to the Clinic if selected for employment and called in for testing.									
Signed Emergency Medical/Dental Consent Form. If under the age of 18 your Parent/Legal Guardian must also sign the Consent form.									
Photo Release Form.									
Valid Work Permit. Applicants under the age of 18 and still attending school will be required to obtain a Work Permit from their school prior to beginning employment. The application is included with this should you be selected for employment.									
Background Authorization Check Form. Applicants ages 18 and 19 will be required to complete.									
Preference: What kind of work would you enjoy most? □ Indoor □ Outdoor									
Community you would prefer to work in: □ Yreka □ Happy Camp □ Orleans									
Department you prefer to be placed in for work (check all that apply): ☐ Judicial ☐ KTHA ☐ DNR ☐ KT Maintenance ☐ Summer Food Program ☐ TERO									
T-Shirt Size: □ Small □ Medium □ Large □ Extra Large □ 2 XL □ Other									

Karuk Tribe Summer Youth Employment Consent for Drug Screening

I have applied for employment with the Karuk Tribe. I understand that Karuk Tribe tests job applicants for drug use. I understand that I do not have to submit to testing, but if I refuse to be tested, the Karuk Tribe will not consider me for possible employment. I understand that I must pass a drug test to be hired by the Karuk Tribe.

- 2. I agree to give my saliva, or urine if swab testing is unavailable, for testing. I consent to the specimen being collected and analyzed.
- 3. I consent to the collection site, the laboratory, or any other entity (providers of health care) using the results of my test to determine the existence of drugs in my system. I authorize these entities to disclose the results of my tests to the authorized Tribal representatives to determine my functional limitations and/or limits on my fitness to perform the functions of the job.
- 4. I understand that it is my right, upon request, to receive a copy of this authorization and consent form. I understand that if I would like to get more information about my test results I must submit a written request within 7 days to the Human Resources Department.

I acknowledge and agree that I am freely and voluntarily signing this document. I further agree that the company has made no representations, inducements or statements, other than those in writing in these documents about drug testing.

NOTE: If applicant is under age 18, signature of Parent/Legal Guardian is required.

Applicant's Signature:	Date:
T T T T T T T T T T T T T T T T T T T	
Signature of Parent/Guardian:	Date:

I declare under Penalty of Perjury under the laws that I am the parent or legal guardian of the above applicant, and I consent to the terms above.

Karuk Tribe Summer Youth Employment Emergency Medical/Dental Consent Form

I, hereby give my consent for emergency medical or dental	
treatment for my minor child,, by any licensed physician or	
dentist while employed with the Karuk Tribe, and transport of my minor child to and from the source	of
emergency treatment. This care may include examinations and any test which, in the opinion of the ph	hysician
or dentist, are deemed necessary or advisable.	
This does not include the right to perform surgical operations without further consent, except in the car	se of an
emergency and when after an effort has been made to locate me, and I'm found to be unavailable. Thi	is consent
is valid as long as my minor child is employed by the Karuk Tribe.	
Signature of Parent/Guardian Date	
Emergency Phone Number During Working Hours:	
Cell Phone (if applicable)	
Allergies:	

Karuk Tribe Summer Youth Employment Photo Release Form

Parent Release Form for Media Recording

I, the u	indersigned, do hereby grant or deny permission to the Karuk Tribe to use the image of my child, as marked by my selection(s) below. Such							
video t	cludes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or aken of my child for use in materials that include, but may not be limited to, printed materials such as res, funding reports and newsletters, videos, and digital images such as those on the Karuk Tribe's							
	Deny permission to use my child's image at all.							
	Grant permission to use my child's image in the following ways (mark all that apply):							
	Limited usage: I want my child's image used for <u>educational</u> materials only (not marketing). This could be either within or in the larger community. One example of this could be videos in parent education classes.							
	Limited usage: I want my child's image used on <u>printed</u> materials only (no digital or video use).							
	Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by for a variety of purposes and that these images may be used without further notifying me.							
Signati	ure of Parent/Guardian Date							

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT–CERTIFICATE OF AGE CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT–CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information) Minor's Information												
Willot S Illot mation												
Minor's Name (First and Last)				Home Phone					<u>Grade</u>			
Home Address					City		<u> </u>	Zip Code				
Birth Date School Information	Social S	ecurity Nu	mber —	<u> </u>	<mark>Age</mark>			Student's S	Signature			
School fillor mation												
School Name Scl			School Ph	ool Phone								
School Address		-	City			Zi	ip Code		_			
To be filled in and signed by parent or lega	<mark>l guardian</mark>											
This minor is being employed at the place of we information herein is correct and true. Parent's Name (Print First of the Print First of the Prin		with my ful	ll knowled		nt. I hereby Parent's Sig		at to the i	best of my k	knowledge	and belief, Date	the	
	,					·						
To be filled in and signed by employer												
Karuk Tribe Business Name or Agency of Place				(530) 493-1600				TBD				
	rement			Business Phone				Supervisor's Name				
64236 Second Ave. Business Address				Happy Camp, CA City				96039 Zip Code				
Employer's Maximum Expected Work Hours	:8	hours per	r day	_40 hou	rs per week	:				1		
Describe nature of work to be performed:	Vai	rious Indoo	or/Outdoor	duties such a	ıs; landscapi	ing, light	office wo	rk, fisherie	s restoratio	on, summer	food,	
youth sports/activities, etc.												
In compliance with California labor laws, this crace, ethnic background, religion, sex, sexual obest of my knowledge, the information herein is	orientation, con a correct and t	lor, nationa										
Vickie Simmons, Human Resources Employer's Name (Print First and Last)				Employer's Signature					Date			
For authorized work permit issuer use ON	LY											
Maximum number of work hours when school is in session:				Maximum number of work hours when school is not in session:								
Mon Tues Wed Thur Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	
				Check Per	mit Type:			□ W 1-1	F	. F.4		
Proof of Minor's Age (Evidence Type)				Full-time				Voca	Work Experience Education, Vocational Education, or Personal			
Verifying Authority's Name and Title (<i>Print</i>)			Restricted			Attendant						
			☐ General				☐ Workability					
Verifying Authority's Signature												

For more information about child labor laws, contact the U.S. Department of Labor at http://www.dol.gov/, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at http://www.dir.ca.gov/DLSE/dlse.html.