



# 2016 KBIC



# SUMMER YOUTH PROGRAM

The following documentation must be provided with you application in order to be considered for employment:

- Copy of your Birth Certificate
- Copy of your current, valid Driver's License (if you have one)
- Copy of your Social Security Card
- Copy of your Tribal Enrollment Card or Documentation of Descendency
- A completed work permit and age certification
  - Youth/Parent-Fill out Section I only. Take to Jr/Sr High School Office to have school officials complete Section III (Section II should already be pre-filled with KBIC information)
  - Ages 14/15 use **PINK** form
  - Ages 16/17 use **YELLOW** form

**Submit Applications to:**

Keweenaw Bay Indian Community  
Personnel Department  
16429 Beartown Road  
Baraga, Michigan 49908

Phone: 906-353-6623, ext. 4176 or 4140

Fax: 906-353-8068

Email: [personnel@kbic-nsn.gov](mailto:personnel@kbic-nsn.gov)



**PLEASE COMPLETE THIS APPLICATION  
WITH THE ASSISTANCE OF A  
PARENT OR LEGAL GUARDIAN,  
AS THEY ARE REQUIRED TO SIGN SEVERAL SECTIONS.**

**Distribution Date:** April 29, 2016

**Closing Date:** Friday, May 27, 2016 at 4:00pm

# RECRUITING

## **NATIVE AMERICAN YOUTH**

(KBIC Members & 1st Generation Descendants Only)

KBIC YOUTH AGES 14-18 WHO ARE SEEKING  
TEMPORARY SUMMER WORK.  
APPLICATIONS ARE AVAILABLE AT THE LOCAL SCHOOLS  
AND KBIC TRIBAL CENTER.

**APPLICATION DEADLINE: Friday, May 27, 2016**

### Youth Job Readiness Training

Thursday, June 9, 2016 from 5-6:00pm  
Niiwin Akeaa Commons Area

\*Mandatory Attendance for All Youth

### Summer Youth Job Fair

Wednesday, June 8, 2016  
All Youth: 3:30—4:30pm  
Niiwn Akeaa Gymnasium

\*Mandatory Attendance for All Youth for job placement consideration

### Summer Youth Work Begins

<b>Monday, June 13, 2016</b>	8:00AM	Orientation, work assignments, policies, and employment paperwork. Niiwin Akeaa Gymnasium 4 Hour Day—Done at 12:00pm (Noon)
<b>Tuesday, June 14, 2016</b>	8:00AM	Report to Assigned Job Site



# Keweenaw Bay Indian Community

16429 Beartown Road, Baraga, Michigan 49908

Phone (906) 353-6623

## APPLICATION FOR EMPLOYMENT

Federal law requires that all applications be considered without regard to race, religion, color, sex, age, national origin, marital status or physical handicap except where a reasonable, bonafide occupational qualifier exists. The Keweenaw Bay Indian Community is an Equal Opportunity Employer, subject to the provisions of the INDIAN PREFERENCE ACT. Applications are kept on file for six (6) months from the date they are submitted; additional information may be required.

Position(s) Applied For: <u>SUMMER YOUTH WORKER</u>		Date _____	
Name _____		_____	
Last	First	M.I.	
Address _____		City, State, Zip _____	
Telephone (____) _____		E-Mail address: _____	
How would you prefer to be contacted regarding your application? <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail			

Have you been employed by KBIC Summer Youth Program before?  Yes  No

If yes, circle the summer(s) you were employed:                    **2010**    **2011**    **2012**    **2013**    **2014**    **2015**

Possess a valid Driver's License?  Yes  No

Are you an enrolled member of a Federally Recognized Indian Tribe?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which tribe? _____		Enrollment # _____
If no, are you of American Indian descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tribal Descendency _____
<b>** YOU MUST ATTACH A COPY OF YOUR TRIBAL ENROLLMENT OR PROOF OF DESCENDENCY **</b>		

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position(s) you are applying for?  Yes  No    If yes, please explain \_\_\_\_\_

### EDUCATION

Dates	Name of School	Location	Course Pursued	Number of Credits	Degree or Diploma
From    To					
<i>High School</i>					

**COURT RECORDS (ONLY 17 & 18 Year Olds are required to complete this section)**

Have you ever been convicted for violating any law, including any municipal ordinance; Tribal, State, Federal law; or Tribal, State, or Federal Natural Resources; or traffic law?  Yes  No

Have you ever been arrested or convicted of a crime involving a child or elder, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?  Yes  No

**If you answered yes to either question above, you are required to list all such matters:**

Date	Place	Charge	Final Disposition	Details

Have you ever been convicted of a felony?  Yes  No If yes, when and please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List, starting with the most recent employer first

Dates		Name/Address/Phone of Employer	Position and Kind of Work	Reason for Leaving
From	To			

Summarize special skills and qualifications acquired from employment and other experiences. Also state any additional information you feel may be helpful in considering your application for employment.

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**\*\*Only 17 & 18 Year Olds are required to complete this section\*\***

# SECURITY BACKGROUND CHECK CONSENT FORM

As an employee, prospective employee, or volunteer of the **Keweenaw Bay Indian Community**, I understand it is your policy to secure criminal history information as part of your pre-employment and screening process using the information provided below:

NAME: \_\_\_\_\_  
(please print) LAST FIRST MIDDLE

Maiden Name or names previously used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

SS #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

I understand the above information is required by the Keweenaw Bay Indian Community to for the sole purpose of obtaining a criminal history file search. Further, I understand some positions may require a federal criminal history check, especially those positions which include working with children, families, and the elderly.

I hereby authorize the **Keweenaw Bay Indian Community** to obtain information by conducting a Tribal, State and National criminal history check.

States, Tribal Communities, Providences, and Countries I have resided in are listed below:  
*(MUST BE COMPLETED OR SPECIFICALLY NOTED AS N/A.)*

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

\_\_\_\_\_  
 Signature Date

### FOR OFFICIAL USE ONLY

Date sent to MSP: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to KBTC: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to KBDSS: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to MIFIA: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____
Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____	Date sent to _____: _____ Date results rec'd: _____ Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____  Initials of individual reporting result: _____



## **AFFIDAVIT AND RELEASE OF INFORMATION**

***Please read carefully before signing.  
If you have any questions regarding the statements,  
please ask us for assistance.***

Under penalty of perjury, I verify the answers given by me to the foregoing questions and the statements made by me in this application for employment are correct, complete and truthful. I understand any false information contained in this application or interview may result in denial or discharge of employment.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand this application is not intended to be a contract of employment.

I understand the Keweenaw Bay Indian Community conducts pre-employment drug testing and pre-employment physicals. I understand these pre-employment requirements are a condition of employment, and failure to comply will result in denial of employment. Further, I understand any offer of employment is contingent upon the results of such testing. I also understand certain employment positions may require additional testing, such as a tuberculosis screening.

I understand a security background and criminal history check is a condition of employment and requires me to consent, in writing, to such.

I understand as this organization deems necessary, I may be required to work overtime hours or hours outside of a normally defined work day or work week.

If employed, I understand and agree such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

I also understand I am required to abide by the current personnel policies, and any amendments made to those policies.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANTS UNDER THE AGE OF 18 MUST  
HAVE A PARENT OR LEGAL GUARDIAN COMPLETE THIS PAGE**

**INFORMED CONSENT FOR DRUG AND ALCOHOL TESTING OF MINOR CHILD**

I am the parent/legal guardian of \_\_\_\_\_. I hereby consent to allow the Keweenaw Bay Indian Community to administer drug and alcohol tests to my child/ward pursuant to the Keweenaw Bay Indian Community Employee Drug and Alcohol Testing Policy, which requires pre-employment, random, post-accident, reasonable suspicion, return-to-work, and follow-up drug and alcohol testing.

I understand that the substances that will be tested for include, but are not limited to: marijuana, cocaine, amphetamines, opiates, phencyclidine, and alcohol.

I understand that the methods of testing include collection and chemical analysis of urine and breath samples.

I understand that drug and alcohol testing is a condition of employment with the Keweenaw Bay Indian Community, and that refusal to submit to any test, or a positive result on any test administered, will result in my child/ward not being considered a qualified applicant for employment, or, if employed, in disciplinary action against my child/ward up to and including terminations of employment.

I understand that test results will be released to the Medical Records Officer of the Keweenaw Bay Indian Community, the Keweenaw Bay Indian Community Human Resources/Personnel Department, and other authorized personnel of the Keweenaw Bay Indian Community.

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

\_\_\_\_\_  
(Please Print) Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

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**INFORMED CONSENT FOR TUBERCULIN SKIN TEST OF MINOR CHILD**

I am the parent/legal guardian of \_\_\_\_\_. I hereby consent to allow the Keweenaw Bay Indian Community to administer a Tuberculin Skin test to my child/ward pursuant to Indian Health Codes providing for the prevention and control of communicable diseases.

I understand that the procedure will utilize the intradermal (Mantoux) injection test to diagnose and prevent communicable Tuberculosis by positive reactors. Our goal is to offer prompt diagnosis, prevent transmission of the infection to others in the community and suggest appropriate medical treatment to those infected with the disease.

I understand that the Tuberculin Skin Test is a condition of employment for certain positions (among those are health care workers, child care providers and food handlers) at the Keweenaw Bay Indian Community. Refusal to submit to the test or a positive result on the test could result in my child/ward not being considered a qualified applicant for employment.

I further understand that test results will be released to the Keweenaw Bay Indian Community Human Resources/Personnel Department and authorized personnel of the Keweenaw Bay Indian Community.

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

\_\_\_\_\_  
(Please Print) Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

NAME \_\_\_\_\_

1. Do you have reliable transportation to within 5 miles of your home? \_\_\_\_\_  
To within 10 miles of your home? \_\_\_\_\_
2. Do you have a driver's license? \_\_\_\_\_
3. Do you receive Special Education services? \_\_\_\_\_

### **JOB SKILLS**

List the job skills that you have:

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### **OCCUPATIONAL GOALS**

What kind of job or career would you like to have some day? (List in order of interest.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you plan to attend a college or trade school? \_\_\_\_\_ Course of Study \_\_\_\_\_

Are you in any extracurricular activities that would limit the time you could spend in a summer job? \_\_\_\_\_ Explain \_\_\_\_\_

Why do you want a summer job?

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**ALL SUMMER YOUTH WORKERS WILL BE REQUIRED TO WORK AT LEAST ONE 4-HOUR SHIFT DURING THE KBIC POW-WOW.**

This signed form acknowledges my understanding of the requirement to work at least one 4-hour shift during the KBIC Pow-wow weekend.

I, \_\_\_\_\_ acknowledge and understand that I am required to work at least one 4-hour shift during the KBIC Pow-wow weekend which is scheduled for July 26-28, 2013. I am aware that I may not work over eight hours in one day and I will not exceed my regularly scheduled weekly hours.

I understand that the amount of hours I agree to work Pow-wow weekend (minimum of 4) will affect my regular weekly schedule (July 24-26, 2015). Example: If I regularly work 30 hours during the week, then I will be expected to only work 26 hours at my regular job site. (Affected regular weekly Job Site hours will be adjusted accordingly by Site Supervisor).

Upon the start of my weekend shift, I will be expected to sign in at the designated area and sign out at the designated area. The designated area will be at the KBIC Summer Youth Stand. Summer Youth Supervisor initials will be required for verification of time worked or you will not be paid for hours. I am also aware that if I do not show for my assigned shift I am subject to Disciplinary Action per Summer Youth Handbook.

Exemptions: Any KBIC princess candidate or KBIC Head Youth Dancer will be exempt from their mandatory 4-hour shift. However, it will be **your** responsibility to notify Summer Youth Supervisors or Summer Youth Coordinator of any such roles before final schedules are made out.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* See Job Description Summary

# KEWEENAW BAY INDIAN COMMUNITY

2016 TRIBAL COUNCIL

WARREN C. SWARTZ, JR., President  
JENNIFER MISEGAN, Vice President  
SUSAN J. LAFERNIER, Secretary  
TONI J. MINTON, Assistant Secretary  
DOREEN G. BLAKER, Treasurer

Keweenaw Bay Tribal Center  
16429 Beartown Road  
Baraga, Michigan 49908  
Phone (906) 353-6623  
Fax (906) 353-7540

ROBERT "R.D." CURTIS, JR.  
FRED DAKOTA  
EDDY EDWARDS  
RANDALL R. HAATAJA  
MICHAEL F. LAFERNIER, SR.  
GARY F. LOONSFOOT, SR.  
DONALD SHALIFOE, SR.

## INFORMED CONSENT FOR HIGH SCHOOL STUDENT EMPLOYEES OF THE KEWEENAW BAY INDIAN COMMUNITY

I, \_\_\_\_\_, understand that it is a privilege to work as a student employee of the Keweenaw Bay Indian Community. I further understand that I am required to display model behavior in order to be employed and paid through the Keweenaw Bay Indian Community. Model behavior includes, but is not limited to: Good school attendance, good grades, and abstinence from alcohol or drugs.

I understand that any behaviors not reflecting a good role model will be grounds for immediate termination. These behaviors include, but are not limited to: MIP's, truancy, fighting, alcohol or drug use.

\_\_\_\_\_  
(Print) Name of Student Employee

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

\_\_\_\_\_  
Signature of Student Employee

\_\_\_\_\_  
(Print) Name of Parent/Legal Guardian

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian



KEWEENAW BAY INDIAN COMMUNITY  
107 Beartown Road  
Baraga, Michigan 49908

**MEDICAL RELEASE STATEMENT**

Youth Employee Name:

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**ALLERGIES**

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Physician Name:

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Physician Phone Number

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Address

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Insurance Information

Insurance Company

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Policy #

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**I give my permission for the Keweenaw Bay Indian Community  
to seek treatment for my child in the event of injury/illness  
during hours of employment.**

Parent/Guardian (Print)

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Parent/Guardian Signature

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Address

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Day Phone Number

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Evening Phone Number

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## **ABOUT WORK PERMITS...**

Those youth who are between age 14 and 17 **MUST** be able to obtain a work permit from school in order to work.

If you are age **14 or 15**, you and your parents **MUST** complete Section I of the **PINK** form.

If you are age **16 or 17**, you and your parents **MUST** complete Section I of the **YELLOW** form.

***PLEASE BRING THE ATTACHED  
WORK PERMIT TO THE SCHOOL  
FOR THEM TO FILL OUT SECTION  
III.***

**State of Michigan  
Combined Offer of Employment and Work Permit/Age Certificate  
CA-6 for minors UNDER 16 years of age**

Permit Number for School Use  
(optional)

**Employer Information:**

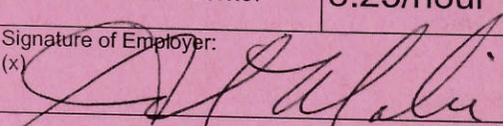
- The employer must have a completed work permit form on file before a minor begins work.
- The employer must provide competent adult supervision at all times.
- The employer of the minor must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- The employer must return the work permit to the issuing officer upon termination of the minor's employment.

**Directions: Please type or print using black ink pen. Back of this form must have summary of requirements to be valid.**

**Section I: Each Box *must be* Completed by Minor Applicant and Parent/Guardian**

Name of Minor (First, Middle, Last):		Address:		City:	ZIP:
Age:	Date of Birth Month/Day/Year:	Last Four Digits of Social Security Number:		Contact Telephone Number for Minor:	
Name of School (present or last attended):		Address:		City:	ZIP:
<b>Last Grade Completed:</b>					Type of Business (i.e., <i>fast food, manufacturing</i> ):
School Status (check one): <input type="checkbox"/> in school <input type="checkbox"/> home school <input type="checkbox"/> on-line/virtual/cyber school <input type="checkbox"/> not attending school					
Signature of Minor: (x)		Name of Parent/Guardian (circle one):		Parent/Guardian Telephone Number:	

**Section II: Each Box *must be* Completed by the Employer - Offer of Employment**

Name of Business: Keweenaw Bay Indian Community		Address: 16429 Beartown Road		City: Baraga	ZIP: MI
Earliest Starting Time 7:00 a.m. <b>No Earlier than 7:00 am No Earlier than 7:00 am</b>	Latest Ending Time 7:00 p.m. 7:00 pm (Labor Day – June 1) 9:00 pm (June 1 – Labor Day)	Non School Days: No more than 8 work hours <i>non-school days only</i>	School Days No More than 3 work hours school days Monday-Friday	Minor may not more than 6 days per week	40 total combined school and work hours per week: <b>No more than 3 work hours after school Monday - Friday</b>  <b>20/hours</b>
Applicant's Job Title: Summer Youth Worker	Hourly Wage: 8.25/hour	Name Job Duties/Tasks to be Performed by Minor: <b>Basic Laborer</b>		Name Equipment/Tools to be Used by Minor:	
Signature of Employer: (x) 		Title: KBIC Assistant Chief Executive Officer		Telephone: 906-353-6623	Date: 04/29/2016

**Section III: Each Box *must be* Completed by School's Issuing Officer – Must be Signed by the Issuing Officer to be Valid**

This is to certify that: (1) the minor personally appeared before me, (2) this form was properly completed, (3) listed job duties are in compliance with state and federal laws and regulations, (4) listed hours are in compliance with state and federal laws and regulations, (5) this form was signed by student and employer, and I authorize the issuance of this work permit.	Evidence of Age Confirmed by (issuing officer checks one):		Number of Hours in School per Week, when School is in Session:
	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Certificate of Arrival in the U.S.	
	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Hospital Record of Birth	(add + add)
	<input type="checkbox"/> School Record	<input type="checkbox"/> Baptismal Certificate	Number of Hours able to Work while Attending School = No More than 40
	<input type="checkbox"/> Other (describe)		
Name of School District:	Printed Name of Issuing Officer:		Title:
Address:	Signature of Issuing Officer: (x)		Issue Date:
City, State, ZIP:			
Telephone Number:			

**State of Michigan  
Combined Offer of Employment and Work Permit/Age Certificate  
CA-7 for minors 16 and 17 years of age**

Permit Number for School Use  
(optional)

**Employer Information:**

- The employer must have a completed front and back yellow work permit form on file **before** a minor begins work.
- The employer or an employee who is 18 years of age or older must provide competent adult supervision at all times.
- The employer of the minor must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- The employer must return the work permit to the issuing officer upon termination of the minor's employment.

**Directions: Please type or print using black ink pen. ALL FIELDS MUST BE COMPLETED. Back of this form must have summary of requirements.**

**Section I: Each Box must be Completed by Minor Applicant and Parent/Guardian**

Name of Minor:		Address:		City:	ZIP:
Age:	Date of Birth Month/Day/Year:	Last Four Digits of Social Security Number:		Contact Telephone Number for Minor:	
Name of School (present or last attended):		Address:		City:	ZIP:
Last Grade Completed: School Status (check one): <input type="checkbox"/> in school <input type="checkbox"/> home school <input type="checkbox"/> online/Cyber/Virtual school <input type="checkbox"/> not attending school					Type of Business (i.e., fast food, manufacturing):
Signature of Minor: (x)		Name of Parent/Guardian (circle one):		Parent/Guardian Telephone:	

**Section II: Each Box must be Completed by the Employer - Offer of Employment**

Name of Business:		Address:		City:	ZIP:
Keweenaw Bay Indian Community		16429 Beartown Road		Baraga	49908
Earliest Starting Time 6:00 a.m. No earlier than 6:00 am No earlier than 6:00 am	Latest Ending Time 10:30p.m. No later than 10:30 pm (Sun-Thurs) No later than 11:30 pm (Fri-Sat)	Hours per Day: No more than 8	Number of Days per Week: No more than 6 per week	Total Hours of Employment: No more than 24 when school in session; No more than 48 when school not in session	
Applicant's Job Title: Summer Youth Worker	Hourly Wage: 8.25/hour	Name Job Duties/Tasks to be Performed by Minor: Basic Laborer		Name Equipment/Tools to be Used by Minor:	
Will the minor be working under an hours deviation granted by the Michigan Department of Education? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the Individual Application for Hours Deviation for 16 and 17 Year Old Minors along with this original yellow CA-7 and mail to: MDE/OCTE P.O. Box 30712, Lansing, Michigan 48909, for approval					
Signature of Employer: (x)		Title: KBIC Assistant Chief Executive Officer		Telephone: 906-353-6623	Date: 04/29/2016

**Section III: Each Box must be Completed by School's Issuing Officer - Must be Signed by the Issuing Officer to be Valid**

This is to certify that: (1) the minor personally appeared before me, (2) this form was properly completed, (3) listed job duties are in compliance with state and federal laws and regulations, (4) listed hours are in compliance with state and federal laws and regulations, (5) this form was signed by student and employer, and I authorize the issuance of this work permit.	Evidence of Age Confirmed by (issuing officer checks one): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Arrival in the U.S. <input type="checkbox"/> Driver's License <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> School Record <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other (describe)	Number of Work Hours per Week, when School is in Session: <b>No more than 24 hours per week</b>
Name of School District:	Printed Name of Issuing Officer:	Title:
Address:	Signature of Issuing Officer: (x)	Issue Date:
City, State, ZIP:		
Telephone Number:		

Form CA-7 (revised 10/18/2011) Combined Offer of Employment & Work Permit and Age Certificate **Must Print front and back on Yellow Paper.**  
**Instructions for completing CA-7 must be printed on back of form to be valid.**  
**Must submit original yellow front and back CA-7 when submitting Individual Application for Hours Deviation form.**