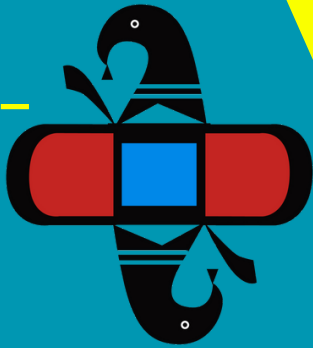


# LAGUNA

# 2025 SUMMER YOUTH EMPLOYMENT



Program Dates: June 16th - July 25th

- **Ages 14-18** Summer Youth Employment
- **Ages 18-24** College Internships

**35 POSITIONS AVAILABLE**

## 2025 Summer Youth Employment Program

MUST HAVE A NM STATE ID

- Work 29 hours a week (Could include holidays and weekends)
- \$12.00 an hour
- Must be able to work all six weeks of program
- Interviews start May 27th-30th
- Drug testing on June 2nd-6th

**DEADLINE: MAY 23RD 2024**

Apply on our website:  
[www.partnersforsuccess.us](http://www.partnersforsuccess.us)

To apply, or for more  
information, scan this  
QR code with your  
smartphone.

**LAGUNA**  
DEPARTMENT OF EDUCATION





Pueblo of Laguna Department of Education  
 PARTNERS FOR SUCCESS  
 P.O. Box 207 Laguna, NM 87026  
 Phone: (505) 552-9322

**Please check one:**

- College  GED  CDL  CNA  CPR/First Aid
- Job Placement  School Supply
- Youth Employment  Internship
- Other \_\_\_\_\_

**Please - Print in black ink and complete all information**

**Section I Applicant Information**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female

Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Name/Relation \_\_\_\_\_

Email Address \_\_\_\_\_ Home Location \_\_\_\_\_

Village/Tribe \_\_\_\_\_ Parent/Guardian's Name (if under 18 years of age) \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

Military Service Man/Women  Yes  No If yes, Date of Service: \_\_\_\_\_

Veteran  Yes  No Branch: \_\_\_\_\_

Disabled Veteran  Yes  No Copy of DD 214 Submitted  Yes  No

Referred by: (check one)  Self/Walk -In  L-A High School  Vocational Rehab  Tribal Court  Other \_\_\_\_\_

**Section II Applicant Data**

Education completed: (Circle highest level completed)

High School 9 10 11 12 GED What year completed? \_\_\_\_\_

College/University 1 2 3 4 4+ Degree \_\_\_\_\_

Vocational/Technical School \_\_\_\_\_ Other Training (describe) \_\_\_\_\_

**Section III Barriers/Offender Barriers/At Risk**

Please check all of the items below that apply to you:

- Single head of household
- Temp. housing/homeless
- Learning Disability (Spec. Ed)
- Lack of Transportation
- Alcohol/Substance Abuse
- Self  Family Member
- Foster Care
- Disabled
- Criminal Record
- Adjudicated
- Other \_\_\_\_\_
- Unemployed
- Out of school/drop out
- Unstable housing arrangements
- Under- employed/low income
- Pregnant/Parenting teen
- Independent Living
- Intensive After Care program
- Parole/Probation
- Convicted of a crime
- Previously Incarcerated
- BIA General Assistance
- TANF recipient (**check one**)
  - Short Term  Long Term  Food Stamps
- Lack of significant work history
- Offender in household
- Gang member in household
- Gang involvement
- Currently Incarcerated
- Receiving SSI
- Self  Family Member

Continue on back

**Section IV Work History**

Labor Force Status: *Please check your status and complete the information below*

Are you currently employed?     Yes    No

Are you currently receiving unemployment benefits?                       Yes    No

Number of weeks on unemployment: \_\_\_\_\_

Complete the information below for the last two jobs you have held. Start with the most recent position. Include Military and Volunteer work.

Job Title \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly wage \_\_\_\_\_ Hours/Week \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly wage \_\_\_\_\_ Hours/Week \_\_\_\_\_

**Section V Employment, Training, Education and Related Activities**

Program Activities:

Skills Training (vocational, license)

Mentoring

Community Service

College

Subsidized work experience/Internships

Basic Remedial Education ( tutoring)

Unsubsidized work experience

Adult Basic Education Classes

Job preparation class/career coach/job search

**Applicant’s Appeal Procedures**

The Applicant has the right to appeal a denial of funding for cause according to appeal process stated in the appeal process below:

1. Upon receipt of a letter of denial from the E & T program, the applicant may appeal the decision in writing to the Director of PFS. The letter should state specific reason (s) he/she merits reconsideration for funding. Documents to substantiate the appeal should be included (e.g., medical report, transcripts, letters, etc.)
2. If the appeal response from the Director is unsatisfactory, the applicant may submit in writing to the Superintendent of the Laguna Department of Education. The letter should state specific reason(s) he/she merits reconsideration for funding. Supporting documentation should be included to substantiate the appeal.

**Certification of Applicant:**

I certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and that I may have to provide additional information. I authorize Partners to share this information with Partners For Success Partners (ie. Tribal Court, L-A High School, LA Connections, Employment & Training, PFS Higher Ed., Grants Cibola County Schools) for the purpose of assisting me in obtaining assistance, training, education or employment.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

## Required Documents for Partners for Success

In order to activate your PFS application for services and/or determine eligibility, please provide the additional documents as indicated below.

Provide **ONE** item from each of the following categories:

Identification: Age	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> School ID <input type="checkbox"/> Tribal ID
Proof of Residence	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Voter Registration <input type="checkbox"/> Postmarked Mail
Verification of Indian Blood	<input type="checkbox"/> Tribal Enrollment Card <input type="checkbox"/> Certificate of Indian Blood (CIB)
Selective Service Registration	<input type="checkbox"/> Selective Services Card or Number (males 18-25)
Social Security	<input type="checkbox"/> Social Security Card

**NOTE: All summer youth applicants MUST include a copy of their New Mexico State ID**

### CERTIFICATION

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification. I have provided all documents that were requested to support this application. I am also aware that I am subject to be dismissed if I am found ineligible after enrollment. I allow the release of this information for verification purposes and I understand that it will be used to determine my eligibility. If accepted I agree to abide by all rules, regulations and procedures of the Pueblo of Laguna Partners for Success.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partners for Success Staff Signature

\_\_\_\_\_  
Date



Pueblo of Laguna Department of Education

Partners for Success

PO BOX 207 Laguna, NM 87026

Office: (505) 552-9322 Fax: (505) 552-7168

# Employment & Training Education Program

## Personal Statement for Services

A personal statement will reflect your attitude, commitment to completing a program, and your short and long-term goals. All statements must be typed. Here are some subjects you should cover in your personal statement:

- Education Goals: What type of degree or certificate do you plan to earn?
- Employment Goals: What type of work will you seek upon completion?
- Describe your personal commitment or desire to complete a program.
- Any personal achievements that you would like to note.
- Previous education.

Remember, this statement is simply a short, three-paragraph document that allows Partners for Success to understand your commitment towards completing the training in which you are interested. It should explain exactly why you are requesting services from Partners for Success.

If you need assistance, please call 552-9322

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b>  <b>See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Pueblo of Laguna Department of Education  
Partners for Success  
**Media Release**

I, \_\_\_\_\_ (print your name), do hereby grant permission to the Laguna Department of Education-Partners for Success to Photograph, Video Record, Audio Record me and use the images, my name and sounds obtained for print, radio, electronic media, websites or video broadcasts anywhere throughout the United States and to edit such media for the sole purpose of promoting Partners for Success.

I hereby attest that I have read and agree to the above statement.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are under the age of 18 years of age, the signature of Parent/Guardian is also required:

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian Date



## Pueblo of Laguna Department of Education Tribal Background Check

I give permission for the Laguna Department of Education to proceed with the Pueblo of Laguna background check for pre-employment purposes for the Partners for Success Youth Employment Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature (18 and older no Parent/Guardian signature required)

\_\_\_\_\_  
Date





**Pueblo of Laguna Tribal Background Check  
"RELEASE OF BACKGROUND INFORMATION"**

I give permission for the Laguna Department of Education - Human Resources department to Release Background Information, which will include Quest Diagnostics Drug Test and POL Tribal Police Background Check results regarding myself or my child who will be employed with the Partners for Success Youth Employment Program to the Pueblo of Laguna - HR department or Laguna Rainbow Corp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature (age of 18 need no parent signature)

\_\_\_\_\_  
Date

## Affidavit for PFS Youth Employment Project

I, \_\_\_\_\_, being duly sworn, hereby deposes and says;

1. I am over the age of 18 and I am a resident and tribal member of the Pueblo of Laguna, New Mexico. I have personal knowledge of the facts herein, if called as a witness, could testify completely thereto.
2. I do not receive financial support, social security, nor personal income to the best of my knowledge.

I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Executed this \_\_\_\_ day of \_\_\_\_\_, 2025

\_\_\_\_\_  
Signed



401 Broadway Blvd NE
Albuquerque, NM 87102
Phone: 505-841-4400
Fax: 505-841-4424

Work Permit Certificate - For Minors Under the Age of 16

Minors under the age of 16 are not allowed to work before 7am or after 7pm, except June 1st through Labor Day, when allowed to work until 9pm

1. Student's legal name Address City Zip code

2. Student's date of birth Type of proof of age (birth certificate, etc.)

3. Student's signature Parent/guardian's signature

4. Student's email address Parent/guardian's email address

5. Employer Address City Zip code Phone number

6. Describe in DETAIL the work that will be conducted by the student. Rate of Pay

7. I certify and affirm that the above referenced child is not engaged in a prohibited or hazardous occupation as established by the Fair Labor Standards Act (FLSA) or the New Mexico Child Labor Statutes. Such occupations include but are not limited to: explosives, pornography, serving alcoholic beverages, logging, mining, meat packing, wrecking, demolition, power driven equipment or construction related tools or apparatus. A comprehensive list may be viewed at www.dws.state.nm.us or may be obtained from the Child Labor Section.

8. Signature of employer Print name

9. Employer's email address

\*\*\*\*\*

10. Issuing official's signature Title Phone number

11. Issuing official's email address

12. Office/School location Address City Zip code

NOTE: All sections of this work permit certificate must be completed to be in compliance with Child Labor Laws.

DISTRIBUTION: The issuing official must make copies of the work permit certificate to be distributed as follows: The employer must keep the original certificate for their records, and must post the certificate in a conspicuous place where the student is employed; the issuing official must keep one copy for their records, and must submit one copy to the New Mexico Department of Workforce Solutions' Child Labor Section by fax to 505-841-4424 or by email to childlaborlawpermits@state.nm.us.

FOR ISSUING OFFICIAL USE ONLY
County Issue date (signed) Expiration date (one year after issue date)