



Taos Pueblo Education & Training Division

P.O. Box 1846 Taos, NM 87571

Phone: 575-758-5990 | Fax: 575-737-5140

Work Experience Application

Taos Pueblo offers work experience opportunities primarily within Taos Pueblo tribal programs. We aim to provide these opportunities so that participants can gain valuable experiences and job skills that will help them to develop a good work ethic among various other benefits.

Required Documents:

- ☐ **Application**
- ☐ **Proof of Residency (bring one of the following):**
 - Utility Bill (Gas, Phone, Water, or Electricity)
 - Verification from Taos Pueblo Realty Office
 - Written statement from the head of household that you reside with them, include full physical address.
- ☐ **Parent Identification (bring one of the following):**
 - Tribal Enrollment ID
 - Picture ID
 - Driver's License
- ☐ **Youth Identification (two forms of identification):**
 - ☐ Verification of tribal affiliation (Tribal Enrollment ID or Certificate of Indian Blood)
 - ☐ Birth certificate or Social Security Card
- ☐ **Other Required Documents:**
 - ☐ W9
 - ☐ Goal Statement – *see questions on the application*
 - ☐ Signed release of information and liability forms
 - ☐ Work Permit (only required for 14 & 15-year-olds)
 - ☐ Verification of Selective Service (only for Males 18+ years old)

Application Tips:

- Make sure you fill out **every** question.
- Double-check that every signature line is signed by the correct person, if applicable.
- Please be thorough when describing your interests and goals so that we can determine a good placement.
- If you are unsure how to answer something call us, we can help!
- We can provide information and guidance on where to acquire the documents listed if needed.



Taos Pueblo Education & Training Division

Red Willow Education Center

Taos Pueblo's Education & Training Division provides various education, employment, and training programs and services to tribal members in Taos County. Please fill out the below information to become a client and depending on your needs further paperwork and documentation will be needed.

Applicant Information

Name (First, MI, Last):			
Date of Birth:		Social Security #:	
E-mail Address:		Male	Female
Phone #:		Selective Service #: (if applicable)	

Mailing Address:

P.O. Box/Street

City

State

Zip Code

Physical Address:

Street Number and Name

City

State

Zip Code

Tribal Affiliation:

Are you a veteran?

Yes

No

Below is a general description of available services, please check all services you are interested in:

☐ **Employment services**

For participants who are interested in career services and navigation to gain skills, information, or work experience. We can provide an internship, apprenticeship, or on the job training.

☐ **Supportive Services**

For individuals that are overcoming personal or environmental hardships that inhibit their access to education, training, or employment services and opportunities. This consists of general assistance, child care assistance, clothing assistance, licensing and exam fees, as well as limited transportation assistance.

☐ **Education Services**

For participants who need basic education supports including higher education supports as well as vocational and alternative education support. Tribal scholarships are provided to students enrolled in a higher education institution. Training opportunities can also be provided for those who want to advance their knowledge.

Applicant Signature

Date



Taos Pueblo Education & Training Division

Employment Application

Name: _____

Education History

Please list all High Schools, high school equivalency programs, Colleges/Universities or trade schools attended:

Name of High School/HSE Program/ College/University/Trade School	City and State	Dates of Attendance	Degree Earned and GPA

Employment and Experience

Please list 2 most recent employers or volunteer experiences:

Employer Name	Position	Dates employed

Please provide one reference (teacher, mentor, family member):

Name	Phone Number	Years Known

Describe any skills/knowledge you have acquired related to technology and software, tools, machinery, equipment, etc.:

Goal Statement

On a separate piece of paper please write a statement regarding your goals for joining this program. In your statement please answer the following questions: What career path are you interested in? What do you hope to gain from this experience? How do you think this program will help you with future employment?

Applicant Emergency Information

Emergency Contact Name: _____ Phone #: _____

Relationship: _____ Do you carry an EpiPen? Yes No

Please list all known allergies: _____

Please list any medical conditions: _____

Please list any medications you might need to take while on site: _____

Insurance Carrier: _____ Policy #: _____

Policy Holder: _____ Physician Name: _____

If you are under 18 please fill out this section

Parent 1 Name: _____ Phone #: _____

Parent 2 Name: _____ Phone #: _____

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I certify that the answers given herein are true and accurate and understand that any false or misleading information given in my application shall be sufficient cause for dismissal. I further understand that I am required to abide by all policies, rules, and regulations of the Taos Pueblo Education and Training Division and Taos Pueblo CMS.

Signature of Applicant

Date

Parent Signature if applicant is under 18

Date

Release of Information

I hereby authorize the Taos Pueblo Education & Training Division to release information for the purpose of health and safety for participation in the program and services provided by Taos Pueblo Education & Training Division. Any further release of records to any other person, group, corporation or other entity of any kind or nature is prohibited without further written consent of the student or parent/legal guardian. I understand that I may revoke this consent by written notice at any time. This authorization is valid for 1 year.

Participant Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Release of Liability

This Waiver of Liability executed on this _____ day of _____, in the year of _____, between Taos Pueblo and _____ (the "participant") establishes the following:

I, the participant, hereby freely and voluntarily, without duress, assume all risks of participating and/or volunteering in this program, activity, or event. I also understand that the scope of my relationship with Taos Pueblo is limited to a program participant and that no compensation is expected in return for services provided, and that Taos Pueblo will not provide any benefits traditionally associated with employment, and that the participant is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of participants services to Taos Pueblo.

1. **Waiver and Release:** I, the participant, release and forever discharge and hold harmless Taos Pueblo and/or their directors, officers, employees, volunteers, representatives, and agents from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft or actions of any kind which arise or may hereafter arise from the services I provide to Taos Pueblo or occurring while I am a participant. I understand that while participating in this program, activity, or event I may be photographed. I agree to allow my photo, video, or other digital media to be used for legitimate purposes by Taos Pueblo and waive all claims to compensation or damages by use of my photo, video, or other digital media.

2. **Insurance:** I further understand that Taos Pueblo does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Taos Pueblo beyond what may be offered freely by Taos Pueblo in the event of such injury or medical expenses incurred by me.

3. **Medical Treatment:** I hereby release and forever discharge Taos Pueblo from any claim whatsoever which arise or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a participant with Taos Pueblo.

4. **Assumption of Risk:** As a participant with Taos Pueblo, I recognize the risk and acknowledge that there are certain risks of physical injury, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program, or the use of the facilities or equipment. I certify that I am physically fit and there are no health-related reasons or problems that will interfere with my ability to participate in this program, activity, or event.

5. **Indemnify:** I further agree to indemnify and hold harmless Taos Pueblo and its agents, employees, other volunteers, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated the activities of the program or the use of facilities or equipment.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT AND INTEND TO ENTER INTO THIS RELEASE AND WAIVER OF LIABILITY WILLING AND VOLUNTARILY.

Participant Name (print): _____

Participant Signature: _____

For youth participants under 18 years old

I, the parent or legal guardian of the above participant has consented to my child's participation in the activity or event, and has agreed individually and on behalf of my child to the terms of the release of liability form set forth above. I, the parent or legal guardian further agrees to indemnify and hold harmless all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act.

Parent or legal Guardian Name (print): _____

Parent or Legal Guardian Signature: _____



Taos Pueblo Administration
Youth Work Permit

*For youth under 16 years old

Date _____
Male _____
Female _____
Age _____

1. _____
Name of Student Address City & Zip Code

2. _____ Attached
Date of Birth Evidence of Age

3. _____
Signature of Student Signature of Parent/Guardian

4. _____
Student email address Parent email address

Employed by Taos Pueblo P.O. Box 1846 Taos, NM 87571 (575) 758-8626

5. _____ \$
Describe in Detail the work that will be conducted by the student. Rate of Pay

6. I certify and affirm that the above referenced child is not engaged in a prohibited or hazardous occupation as established by the Fair Labor Standard Act (FSLA) or the New Mexico Child Labor Statues. Such occupations include but not limited to: explosives, pornography, serving alcohol beverages, logging, mining, meat packing, wrecking, demolition, power driven equipment or construction related tools or apparatus.

7. _____
Signature of Employer Employer-Clearly Print Name Signed

8. _____
Employer's email address

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Signature of Issuing Officer Title Telephone#

Issuing officer's email address

Location Where Issued Address City & Zip code

Note: All Sections of this work permit Certificate must be completed to be in compliance with Child Labor Laws.

INSTRUCTIONS FOR ISSUING WORK PERMIT CERTIFICATES

TO: Directors, Supervisors and designated Issuing Officials

- A.** Once the student has a prospective employer, you can begin to complete the work permit certificate.
Let the parent and/or students know that the work permit will not be valid until the issuing official approves and signs off at the bottom of the form.
- B.** Have the student and parent/guardian complete lines 1 - 4.
- C.** The issuing official must verify evidence of age. (Birth certificate, passport, school records etc.)
- D.** Have the student take the permit to the employer to complete lines 5- 9.
Employer must certify and affirm that the student is not engaging in hazardous or dangerous work.
- E.** The student will return the work permit to the issuing official for your approval.
- F.** The issuing official will make copies of the work permit certificate and give the original white copy to the student to return to the employer.
- G.** The issuing official will keep one copy for his/her records and send one copy to Human Resources Department P.O. Box 1846 Taos, NM 87571 or fax to 575-758-7308 or email to Ptrujillo@taospueblo.com

NOTE: All sections of the work permit certificate must be completed to be in compliance with state statutes.

**Request for Taxpayer
Identification Number and Certification**

Go to 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.

Print or type. See Specific Instructions on page 3.	1 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.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one 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) Note: 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) _____	4 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) _____ (Applies to accounts maintained outside the United States.)
	3b 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"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

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.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Sign Here	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.

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