



# Native American WIA Application

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please print full name:

\_\_\_\_\_  
First Middle  
\_\_\_\_\_  
Last

Gender: Male Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Your Family Status:

- Single Parent
- Parent in 2 Parent Family
- Independent Individual
- Family Member/ Not a Parent

# of Family Members: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State Zip County

Phone #: (\_\_\_\_) \_\_\_\_\_

Message Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Tribal Member: Yes No

Tribe: \_\_\_\_\_

Education:  Student  
 Dropout  
 High School Grad / GED  
 College / Trade School  
 Graduate School

Income:

Your Income Per Month: \_\_\_\_\_

Your Income In Last 6 Months: \_\_\_\_\_

Family Income per month: \_\_\_\_\_

Family Income in last 6 Months: \_\_\_\_\_

Please check all that apply

Economically Disadvantaged:

- Foster Child
- Homeless
- Individual with Disability
- Public Assistance Recipient (TANF, GA, SSI)
- Food Stamp Recipient
- Single Head of Household with Dependents under age 18

Barriers to Employment:

- Limited English
- Displaced Homemaker
- Pregnant/Parenting Teen
- Individual with Disability
- Homeless
- Substance Abuse
- Lack Significant Work History
- Laid Off
- Reading or Math Skills below 8<sup>th</sup> grade level
- Offender  
Offense: \_\_\_\_\_  
Yr. convicted: \_\_\_\_\_  
Sentence completed? Y N

Follow up:

This person should be a person who does NOT live with you, but knows how to contact you if you move or relocate:

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please bring one in each section with your completed application:

## 1. Proof of age

- Driver's License
- Birth Certificate
- Passport
- Other State issued ID

## 2. Proof of Social Security #

- Social Security Card
- Social Security Document

## 3. Proof of Native American Enrollment

- Tribal Enrollment Card
- Tribal Census Document
- Parents' Enrollment Card(s) & Your Birth Certificate
- Other Proof of Indian BQ used

## 4. Proof of Selective Service Registration (Males 18 & older born after 1/1/60)

- Draft Card
- Selective Service Card
- Document from Selective Service

## 5. Proof of Income

- Pay Stubs
- Unemployment Insurance Checks
- Food Stamp Document
- Foster Child Verification

## 6) Proof of Residence

- Letter or Envelop Verifying Address
- Utilities Bill or Rent Receipt

I certify that the information contained in this application is true to the best of my knowledge. I am aware that this information is subject to review and verification, and that I may be required to provide documentation in its support. I am also aware that I am subject to immediate termination from the program if I am found to be ineligible after enrollment and may be prosecuted if the information I have provided is false.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Recommended for enrollment:  YES  
 NO

Enrollment date: \_\_\_\_\_

Referred to: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NATIVE AMERICAN/WIA PROGRAM

## Step One.

### Background Information

#### INITIAL ASSESSMENT

**Notice to Customer:** Our goal is to help you become employed. The information you provide on this form will be used to determine what services best meet your employment and training needs. All information will be held in strict confidence, unless you give us signed permission to share information with another agency, we are court ordered, or you communicate by statement or action any clear and imminent danger to yourself or another person.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_ Date: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

- ✓ To better serve you, **Check** the services you are seeking at the S.W. Workforce Center.
- \_\_\_\_\_ Access to the Resource Center computers, books, and Internet resources
- \_\_\_\_\_ Referral to a job
- \_\_\_\_\_ Job seeking assistance (help in writing a resume, how to interview for a job, etc.)
- \_\_\_\_\_ Information on possible careers
- \_\_\_\_\_ Education or vocational school information
- \_\_\_\_\_ Assessment of your job skill levels, interests & aptitudes
- \_\_\_\_\_ Help in choosing your career or planning for a new career
- \_\_\_\_\_ Information & referral to other agencies for assistance if not available at the Center
- \_\_\_\_\_ Help in getting a GED or High School Diploma
- \_\_\_\_\_ Updating your computer skills
- \_\_\_\_\_ On-the-job training or tuition assistance
- \_\_\_\_\_ Someone to listen and support you in your job search
- \_\_\_\_\_ Other (list) \_\_\_\_\_

What is your job/career goal: \_\_\_\_\_

What wage is acceptable to you: \$ \_\_\_\_\_ per \_\_\_\_\_ Who referred you? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have a Social Security Card? \_\_\_\_\_ yes \_\_\_\_\_ no

**Your Skills:** Please check your skills you have used on a job in the past.

- |                                |                               |                          |
|--------------------------------|-------------------------------|--------------------------|
| _____ Computer skills          | _____ Supervisor/management   | _____ Heavy Equipment    |
| _____ Typing _____ Wpm.        | _____ Writing skills          | _____ Carpentry          |
| _____ Answering Phones         | _____ Calculator/10key        | _____ Detailed work task |
| _____ Cashiering               | _____ Customer service        | _____ Working alone      |
| _____ Cooking                  | _____ Shipping/receiving      | _____ Other _____        |
| _____ Sales                    | _____ Cleaning/house-keeping  | _____                    |
| _____ Creative work activities | _____ Assembly                | _____                    |
| _____ Hazardous work           | _____ Dealing with the public | _____                    |

Details on above skills: \_\_\_\_\_  
\_\_\_\_\_

Languages you can speak: \_\_\_\_\_ Languages you can write: \_\_\_\_\_

### Work History

List all jobs (paid or volunteer) you have held in the last 5 years. Start with your current or most recent job. Use an additional page if necessary.

1. Company \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage per hr. \$ \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Company \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage per hr. \$ \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Company \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage per hr. \$ \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. Company \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage per hr. \$ \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Military Information**

Did you serve on active duty with the U.S. military? \_\_\_\_\_ Branch \_\_\_\_\_

Dates of service: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you receive VA compensation, or is there a disability you incurred while on active duty? \_\_\_\_\_

Explain circumstances \_\_\_\_\_

Has the condition worsened since your initial VA rating? \_\_\_\_\_

**Education and training**

- Graduated from High School \_\_\_\_yes \_\_\_\_no Date graduated \_\_\_\_\_
- Highest Grade completed \_\_\_\_\_
- GED attainment date: \_\_\_\_\_
- Vocational training (name of school, type of training, date completed) \_\_\_\_\_  
\_\_\_\_\_
- Current Certification (please list) \_\_\_\_\_
- College/University (name of school, degree, date) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to go to work, do you need?

- \_\_\_\_ Child care
- \_\_\_\_ Transportation
- \_\_\_\_ High school or GED
- \_\_\_\_ Computer skills
- \_\_\_\_ Job skills
- \_\_\_\_ Further education or training
- \_\_\_\_ Other (list) \_\_\_\_\_

Please explain any physical or mental health problems that might affect your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any drugs or medication you are taking that might affect your work: \_\_\_\_\_  
\_\_\_\_\_

Family Information: Number in household \_\_\_\_\_ Age(s) of children \_\_\_\_\_

Does a family member have a medical problem that requires your care or assistance?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

If needed, will your family or friends help you with?

- child care
- encouragement
- transportation
- room & board
- financial assistance (for example, if you were to attend school)
- other assistance to help you work (list) \_\_\_\_\_

Have you ever been convicted of a felony?  yes  no      misdemeanor  yes  no  
Year convicted \_\_\_\_\_ Offense \_\_\_\_\_  
Has sentence been completed? \_\_\_\_\_

Have you ever had a drug/alcohol problem?  yes  no    If yes, are you attending or have you attended a drug/alcohol rehabilitation program? \_\_\_\_\_

Does domestic violence affect your ability to work and keep a job?  yes  no

If you are receiving help from other agencies, please complete the following:

<u>Agency name</u>	<u>Type of assistance</u>	<u>Contact person</u>
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\_\_\_\_\_

\_\_\_\_\_

What are your interests, activities, and hobbies? What do you like to do in your spare time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write a short paragraph about yourself, your present circumstances and your work ethics.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL THE INFORMATION I HAVE GIVEN HERE IS TRUE TO THE BEST OF MY KNOWLEDGE**

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only – Record of Eligible Applicant Referral

Recommended enrollment: Yes \_\_\_\_\_ No \_\_\_\_\_

If not enrolled, Referred to: \_\_\_\_\_ For \_\_\_\_\_

Date: \_\_\_\_\_ Referring Staff Signature: \_\_\_\_\_

## INCOME WORKSHEET FORM

Six month income period

From: \_\_\_\_\_  
(Date that is 6 months prior to the application date)

To: \_\_\_\_\_  
(Application Date)

FAMILY MEMBER/ NAME	RELATIONSHIP	AGE	SOURCE OF INCOME	INCOME PAST 6 MOS.
1.	APPLICANT			
			TOTAL APP. INCOME	
2.				
3.				
4.				
5.				
6.				
If more than 6 family members, attach a second sheet.			TOTAL FAMILY 6 MO. INCOME	

INTAKE/CASE MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE:** If an applicant and/or family member has several sources of income during the 6-month period, please identify and list each source of income separately. Income shall be recalculated when updating an application.

