JOB PLACEMENT & TRAINING INFORMATION

DIRECT EMPLOYMENT ASSISTANCE CHECKLIST

It will be necessary for you to fill out the application as completed as possible and get the documents which are checked below before your application for Direct Employment Assistance for services can be considered. If you fail to secure these documents your application will be placed in the inactive files and destroyed after a month. Feel free to ask any questions no matter how small they may seem to you - the more you know about our program the easier it will be for you. If you have any questions, write them on this page and we will answer them for you during our next contact with you.

IF YOU DO NOT CONTACT THIS OFFICE WITHIN A MONTH, YOUR APPLICATION WILL BE PLACED IN THE INACTIVE FILES AND DESTROYED.

___ Marriage License or Divorce Decree (If Applicable)
___ Copy of Birth Certificate
___ Copy of Social Security Card
___ Certificate of Degree of Indian Blood
___ Release of Information Form which **must be notorized**
___ Three (3) personal references which include name, address and zip codes (NO PHONE NUMBERS)
___ Letter from employer verifying that you have been employed. The letter should state **Job title, wage (hour, week, or month), date you will start and when you will receive your first full paycheck. Letter must also indicate your job is a full-time permanent position.**
___ Letter from applicant explaining situation and the need for financial assistance.

Other documents may be required to determine your eligibility. If there are any question you have about our program, do not hesitate to contact us.
## SECTION A. FORMAL REQUEST

I hereby apply for the type of service indicated above: ____________________________ (Point of destination)

and agree to cooperate with those officials designated to render this service. Financial assistance for this purpose □(is) □(is not) needed.

Signature of Applicant (Spouse) ____________________________ Date ____________

Signature of Applicant (Head) ____________________________ Date ____________

## SECTION B. RECOMMENDATION

(1) The above-named applicant is: YES NO

(a) Eligible for Direct Employment Assistance □ □
(b) In need of financial assistance □ □
(c) Eligible for Adult Vocational Training □ □
(d) RECOMMENDED □ □

Comments: (Place on reverse side) ____________________________ Date ____________

Signature of Agency Superintendent ____________________________

(2) For Institutional Training and Repeat Services: YES NO

RECOMMENDED □ □

Comments: (Place on reverse side) ____________________________ Date ____________

Signature of Area Director ____________________________
APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

INFORMATION RECORD

Name (Last, First, Middle Initial)                  Mailing Address                  Date of Birth

Veteran ______ Yes ______ No
Marital Status ______ Single ______ Divorced ______ Married ______ Separated ______ Widow
Number of Dependents ______
Children in School ______

Applying for
Vocational Training ______ Request Initial ______
Direct Employment ______
Other ______

Agency

In case of Emergency:
Name:
Address:

Education:
Highest grade completed: ______ Schools attended and Date:

Type of training or employment you are interested in: ______

Do you have any physical limitations that would interfere with your training or employment?   Yes ______ No ______
If yes, please explain ______

Have you had previous training?   Yes ______ No ______
If yes, please explain ______

Training or Employment Location Desired: ______

For Training:
Course No. and Title: ______
School and Address: ______

Do you have income from any source?   Yes ______ No ______ If yes, please explain ______

EMPLOYMENT RECORD: (List your three most important periods of employment.)

From: ______ To: ______ Employer Name and Address: ______
Job Title: ______ Description of Duties: ______
Reason for Leaving: ______

From: ______ To: ______ Employer Name and Address: ______
Job Title: ______ Description of Duties: ______
Reason for Leaving: ______

From: ______ To: ______ Employer Name and Address: ______
Job Title: ______ Description of Duties: ______
Reason for Leaving: ______
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

I, __________________________, do hereby affirm that I will abide by rules and regulation of the Job Placement & Training Program as follows:

1. I understand that it is up to me to be in class everyday, and abide by the rules and regulations set for attendance, (must not be absent more than 4 days a month), personal behavior, grades (2.6 grade average) and living arrangements. I further understand that I shall attend training as I would attend a job. If I am absent and the Officer in charge of the Job Placement & Training Program determines that the absence is not justified, subsistence will be deducted for that day.

2. I understand that I am on a program allows up to 24 months to complete (36 months for Registered Nursing students). However, this does not necessarily mean I have 24 months to complete training. EXAMPLE: If my course of training is 12 months in duration, I will be allowed 12 months to complete. If my training is interrupted by circumstances beyond my control, "Interrupted Status" arrangements can be made with the Officer in charge and the training time can be adjusted accordingly. Otherwise, I will be expected to complete in the original time allowed for completion of the course. Length of training will not be extended to make up time for unjustified absences.

3. It is also my responsibility to budget the monies given to me for school expenses. The amount will be limited to the number of persons involved in my case. The monies given me cannot be used to pay for personal bills such as car payments or any other items that will be over and above my living expenses.

4. I understand that I must talk with the Job Placement and Training Program staff if a change in housing arrangements is necessary. I must notify Job Placement & Training staff if I must leave the training location and get permission in order to prevent any misunderstanding later on and not be counted AWOL. If I must discontinue training, I will notify the Job Placement & Training staff.

5. I understand that if I am DROPPED from the Job Placement & Training Program for any reason such as poor grades, misbehavior, too many un-excused absences or tardies or any unfavorable attitudes that will prevent successful completion of my chosen course, I will not be offered a second chance at Job Placement & Training Program services. The only purpose for which I may be excused from classes is when my circumstances are beyond my control, temporarily.

6. In accepting my application for the Job Placement & Training Program and meeting all eligibility requirements, the Bureau of Indian Affairs agrees to furnish financial assistance toward school expenses. The amount will be determined by the JP&T office in accordance with actual needs that arise once I go into training especially in the Anadarko area, and will be limited to maximum allowances under the regulations, during my training period. Financial assistance will be granted as I observe the rules mentioned above and maintain my grades at an acceptable level, until I complete my course or until I am dropped from training.

Applicant's Signature: __________________________ Date: ____________
Vocational Development Specialist: __________________________ Date: ____________
TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the US Government. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grants (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Bureau of Indian Affairs personnel. (initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

(Applicant Signature)                     Date

(Interviewer Signature)                     Date

FOR AGENCY USE
I certify that ___________________________ is __________ degree of Indian blood, member of the ____________________________ tribe and is/is not eligible for training or employment assistance services.

Recommended by: ____________________________  Approved: ____________________________
Title: ____________________________  Agency Superintendent

If required, Area Action taken:  Approved   Disapproved   Date: ____________________________

Area Director
Anadarko Agency
Job Placement & Training

Three References: (Name & Address)

1. 
2. 
3. 

Dependents accompanying applicant:

<table>
<thead>
<tr>
<th>Name</th>
<th>Tribe</th>
<th>D.O.B.</th>
<th>SSN</th>
<th>Grade completed</th>
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Selective Service/Military Service:

Selective Service Number: ______________  Registration Date: ______________
Date of Birth: ______________  Social Security Number: ______________
Military Serial Number: ______________  Date of Discharge: ______________

Do you have a service connected disability of 10% or more?  Yes or No

Describe military duties that were assigned: __________________________________________
CONSENT TO RELEASE INFORMATION

To: ___________________________  Address: ___________________________

Date: __________________________  Reason for Request: __________________________

I hereby give my permission to release information to:

BUREAU OF INDIAN AFFAIRS
BRANCH OF COMMUNITY SERVICES

ANADARKO AGENCY P.O. BOX 309
ANADARKO, OKLAHOMA 73005

APPLICANT'S FULL NAME ___________________________  DATE OF BIRTH ___________________________

CHART # (IF APPLICABLE) ___________________________  SIGNATURE OF PARENT, LEGAL
GUARDIAN OR 18 YEARS OF AGE ___________________________

ATTENTION: According to Family Education Rights and Privacy Act of 1974 (P.L. 93-380) the parent, guardian of 18 years old, has the right to make a written request to view any records released.

Subscribed and sworn to before me on this ___________ day of ___________ 20__________

My commission expires: ___________________________  ___________________________

Notary Public
UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs
Branch of Employment Assistance

Agency File No.
Field Office File No.

Name (Last) (First) (Middle) Date of Birth Tribe

Home Address (No., Street or R.F.D., Town, State)

Type Service: Employment Assistance Adult Vocational Training

Type Unit (SM, SW, FUC, etc.) Relationship to head of family unit (Spouse, Daughter, Son, Etc.)

Have you ever had, or have you now: (Place check mark at left of each item)

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Poor vision in one or both eyes</td>
<td>Poor hearing in one or both ears</td>
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<tr>
<td>Eye Disease (Describe type below)</td>
<td>Diabetes</td>
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<tr>
<td>Palpitation, Chest Pain or Shortness of Breath (rapid heart beat)</td>
<td>Dizziness or Fainting Spells</td>
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<td>Frequent or Severe Headaches</td>
<td>High or Low Blood Pressure</td>
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<td>Drug or Narcotic Habit</td>
<td>Venereal Disease</td>
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<td>Chronic or Frequent Colds</td>
<td>Sinusitis</td>
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<td>Tumor, Cyst, Cancer</td>
<td>Loss of Memory or Amnesia</td>
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<td>Tuberculosis</td>
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<td>Piles or Rectal Disease</td>
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Have you consulted or been treated by Clinics, Physicians, Healers, or other Practitioners within the past 3 years?

If so, where?

Paralysis
Arthritis, Rheumatism, Swollen or Painful Joints
Loss of Hand, Arm, Foot, or Leg
Deformity of Hand, Arm, Foot, or Leg
Nervous or Mental Trouble of any Kind
Blackouts or Epilepsy (Fits or Spasms)
Sugar or Albumin in Urine
Drinking of Alcohols, Occasional, Moderate, Frequent

Hemia
Ulcers

Denial of Life Insurance
Refusal of, or Separation From Employment Because of Your Health
Rejection for Military Service for Physical, Mental, or Other Reasons
Discharge From Military Service for Physical, Mental, or Other Reasons

Have you had or been advised to have any operations?

Do you wear Glasses?
Do you wear a Hearing Aid?

Where are your hospital records and X-Rays?

(If your answer is “yes” to any of the above questions, explain each in space below)

(If more space is needed, use reverse side)

I CERTIFY THAT MY ANSWERS ABOVE ARE FULL AND TRUE.

(Signature) (Date)

REVIEWING OFFICIAL

Signature Title Date

(Prepare in triplicate. Send original to destination office & 1 copy to medical officer. Retain 1 copy in applicant’s file.)
United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Anadarko Agency
P.O. Box 309
Anadarko, Oklahoma 73005

Individual Self-Sufficiency Plan (ISP)

Student/Applicant Name:

___AVT   ___DEA

Have you received previous Job Placement and Training Services?

If so, what type and for how long?

Student/Applicant Case Plan:

1. What does student/applicant need to do to obtain job skills and/or retain a job leading to self-sufficiency? (check all that apply)

   A. ___ Employment Search
   B. ___ Public Assistance (Specify Type) _______
   C. ___ Medical Treatment
   D. ___ Education/Training
   E. ___ Vocational Rehabilitation
   F. ___ Other Please specify __________

2. What obstacles exist that prevent student/applicant from seeking training or permanent employment? (check all that apply)

   A. ___ Overcrowded Residence
   B. ___ Substance Abuse
   C. ___ Transportation Problems
   D. ___ Child Care Problems
   E. ___ Financial Need
   F. ___ Other Please specify __________

State Case Plan for the Student/Applicant
INDIVIDUAL SELF-SUFFICIENCY PLAN:

1. Job Readiness: (List all of your work experience/year)

2. Job Training: (List any training you have/year obtained)

3. List type of assessments needed: (check all that apply)
   - Job Skills
   - Training Skills
   - Others  Please specify ________________

4. List support services needed: (check all that apply)
   - GED
   - Vocational Training
   - Substance Abuse Counseling/Treatment
   - Medical
   - Family/Individual Counseling
   - Mental Health
   - Others  Please specify ________________

Signature: __________________________________________  Date: __________
Vocational Development Specialist

Signature: __________________________________________  Date: __________
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