

## 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 notarized**
- \_\_\_\_\_ 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.



IN REPLY REFER TO:  
Community Services

# United States Department of the Interior

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

NAME OF APPLICANT (Last, first, middle)	<input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> REPEAT REQUEST TYPE OF SERVICE <input type="checkbox"/> Direct Employment Assistance <input type="checkbox"/> Institutional Training <input type="checkbox"/> On the-job Training <input type="checkbox"/> Other _____	1	2	3
ADDRESS (Street, City, State)		(Circle)		

## 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)

## SECTION B. RECOMMENDATION

- |   |                          |                          |
|---|--------------------------|--------------------------|
| (1) The above-named applicant is:             | YES                      | NO                       |
| (a) Eligible for Direct Employment Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) In need of financial assistance           | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Eligible for Adult Vocational Training    | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) RECOMMENDED                               | <input type="checkbox"/> | <input type="checkbox"/> |

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

Application No. \_\_\_\_\_

## INFORMATION RECORD

Name (Last, First, Middle Initial)

Mailing Address

Date of Birth

Telephone No.

Veteran ____ Yes ____ No	Marital Status ____ Single    ____ Married    ____ Widow ____ Divorced    ____ Separated	Number of Dependents _____ Children in School _____
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Applying for Vocational Training _____ Direct Employment _____ Other _____	Request Initial _____ Repeat 1 2 3 (Circle)	Agency _____ Area _____	In case of Emergency: Name: _____ Address: _____ _____ Tel. No.: _____
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## 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:**

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309)
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: \_\_\_\_\_  
Title: \_\_\_\_\_

Approved: \_\_\_\_\_  
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:

Name	Tribe	D.O.B.	SSN	Grade completed

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: \_\_\_\_\_

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## 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: <input type="checkbox"/> Employment Assistance <input type="checkbox"/> 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)

Yes	No		Yes	No	
		Poor vision in one or both eyes			Paralysis
		Eye Disease (Describe type below)			Arthritis, Rheumatism, Swollen or Painful Joints
		Poor hearing in one or both ears			Loss of Hand, Arm, Foot, or Leg
		Diabetes			Deformity of Hand, Arm, Foot, or Leg
		Palpitation, Chest Pain or Shortness of Breath (rapid heart beat)			Nervous or Mental Trouble of any Kind
		Dizziness or Fainting Spells			Blackouts or Epilepsy (Fits or Spasms)
		Frequent or Severe Headaches			Sugar or Albumin in Urine
		High or Low Blood Pressure			Drinking of Alcohols, Occasional, Moderate, Frequent
		Drug or Narcotic Habit			Hernia
		Venereal Disease			Ulcers
		Chronic or Frequent Colds			Dental of Life Insurance
		Sinusitis			Refusal of, or Separation From Employment Because of Your Health
		Tumor, Cyst, Cancer			Rejection for Military Service for Physical, Mental, or Other Reasons
		Loss of Memory or Amnesia			Discharge From Military Service for Physical, Mental, or Other Reasons
		Tuberculosis			
		Goiter			
		Piles or Rectal Disease			
		Have you consulted or been treated by Clinics, Physicians, Healers, or other Practitioners within the past 3 years?			Have you had or been advised to have any operations?
		If so, where?			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.)





IN REPLY REFER TO:  
Community Services

# 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 \_\_\_\_

3. ~~State Case Plan for the Student/Applicant~~



Apache Tribe



Caddo Nation



Comanche Nation



Delaware Nation



Ft. Sill Apache



Kiowa Tribe



Wichita & Affiliated  
Tribes

**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: \_\_\_\_\_  
Vocational Development Specialist

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

Signature: \_\_\_\_\_  
Student/Applicant

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

**JOB PLACEMENT AND TRAINING  
INDIVIDUAL DEVELOPMENT PLAN (IDP)**

1. NAME OF APPLICANT/STUDENT	2. PROGRAM  ____AVT ____DEA	3. TRIBE
4. TARGETED CAREER/TRAINING GOALS		

5. REASONS FOR PREPARING IDP

6. REMARKS

7. APPLICANT/STUDENT SIGNATURE	8. VOCATIONAL DEVELOPMENT SPECIALIST DATE
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## INDIVIDUAL DEVELOPMENT PLAN (IDP)

9. SERVICE NEEDED	10. DEVELOPMENTAL ACTIVITY	11. TRAINING SOURCE	12. COST (ESTIMATED)	13. TARGET	DATE COMPLETED	14. REMARKS