

FOR SOCIAL SERVICES USE ONLY	
NAME (LAST/FIRST)	
DATE COMPLETED	



## 477 EMPLOYMENT & TRAINING APPLICATION

(“k<sup>h</sup>anamakwst ntsayka munk–skukum ntsayka tilixam)

TOGETHER WE STRENGTHEN OUR PEOPLE

GENERAL INFORMATION				
First Name	Last Name	Age	Birthdate	Roll#
Street Address				Tribe
City	County	State		Zip
Mailing address if different		City		State and Zip
Home Phone		Message/Cell		Email Address
<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>  Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Age</b> 18 – 24 <input type="checkbox"/> Yes <input type="checkbox"/> No  If 18 – 24 have you enlisted in the selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Social Security Number</b>
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single				<b>How many in the household?</b> _____
<b>Services of interest</b> <input type="checkbox"/> Interview Preparation <input type="checkbox"/> Resume Building <input type="checkbox"/> Job Search <input type="checkbox"/> Skill Building & Training  <input type="checkbox"/> Application assistance <input type="checkbox"/> Career Identification/Exploration <input type="checkbox"/> Social Security Advocacy  <input type="checkbox"/> Required Employment supplies (I.E. Tools, Specialized clothing, Certifications) <input type="checkbox"/> Education Assistance <input type="checkbox"/> Financial Planning  <input type="checkbox"/> Job Retention (Assistance Keeping Job) <input type="checkbox"/> Tribal Career Development (TCD) <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Career Exploration  <input type="checkbox"/> Employment Services <input type="checkbox"/> Employment Support Services <input type="checkbox"/> General Assistance <input type="checkbox"/> College Diploma				
<b>Education (Check all that apply)</b> <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certifications <input type="checkbox"/> Some College <input type="checkbox"/> Currently a Student <input type="checkbox"/> Degree				
<b>Do you have a current valid driver's license?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>What is Your Primary Source of Transportation?</b> <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Bus/Public Transportation <input type="checkbox"/> Friends/Family <input type="checkbox"/> Walk/Bike	
<b>Current Employment Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Recently Hired				
<b>Income</b> <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> School Loans <input type="checkbox"/> SSD/SSI <input type="checkbox"/> Tribal Disability  <input type="checkbox"/> Estimated total Monthly Household Income _____				
<b>Housing</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other				

**We respect your personal information and will honor your confidentiality**

**Barriers/Challenges:**   Childcare   Education   Housing   Transportation   Medical   Criminal History  
Substance Use   Mental Health   Support System   Math   Reading/writing   Other \_\_\_\_\_

*List any other programs you are currently working with:*

Office/Department: \_\_\_\_\_                      Office/Department: \_\_\_\_\_

Office/Department: \_\_\_\_\_                      Office/Department: \_\_\_\_\_

**OPTIONAL:**

**Additional informational you think would be helpful for us to know:**

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Signature

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Date