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	
Street Address		City		State	Zip
Mailing address if different		City		State	Zip
Phone Number		Message Nun	iber	County	
Tribe	Roll #		Prior Client?	Yes 🗆 No	
mbe			If yes, what prog		
Gender	Age	En	nail Address	( . )	
🗆 Female 🛛 Male	18 – 24 🗆 Yes 🗆 N	0			
🗆 Non Binary					
Have you ever served in the	lf 18 – 24:				
military?	Have you enlisted in Selective Service?	the <b>Ho</b>	w many in the ho	ousehold?	
🗆 Yes 🛛 No		No An	y Children under	<b>18?</b>	□ No
Marital Status:		So	cial Security Num	ber	
Married Legally Sepa	rated 🗌 Single				
Services of interest:		I			
$\Box$ Interview Preparation $\Box$ R	esume Building	🗌 Job Sear	ch 🗌 Skill	Building & Trair	ning
□ Application Assistance □	Social Security Advoc	cacy 🗆 I	Education Assistar	nce 🗆 Co	ollege/Diploma
□ Required Employment Supplies (	I.E. Tools, Specialized	clothing, Certifi	cations)	Career Explo	ration
Tribal Assistance Jo	ob Retention (Assistar	nce Keeping Job	) 🗌 🗌 Finar	ncial Planning	
Education (Check all that apply)					
□ Current Student □ High School	Diploma/GED 🗆 Son	ne College 🛛 D	egree 🗆 Certifica	tions □Highest	Grade Completed
Do you have a current valid driver's	s license?	What is Your	Primary Source of	<sup>f</sup> Transportation	?
🗆 Yes 🛛 No			cle 🗌 Public Trar	-	
Current Employment Status 🛛 E	mployed	🗆 Unem	ployed		Recently Hired

We respect your personal information and will honor your confidentiality

Income 🗆 Wages 🗆 Unemployment 🗆 Child Support 🗆 TANF 🔅 School Loans 🔅 SSD/SSI 🔅 Tribal Disability
Estimated total Monthly Household Income
Housing 🗆 Rent 🗆 Own 🗆 Homeless 🗆 Other
Barriers/Challenges:            □ Childcare         □ Education         □ Housing         □ Transportation         □ Mental Health         □ Support System         □ Medical         □ Criminal History         □ Substance Use         □ Reading/Writing/Math         □ Other          □ Other          □ Medical         □ Criminal History         □ Substance Use         □ Reading/Writing/Math         □ Other          □ Other          □ Dther         □         □ Dther         □         □ Dther         □         □         □ Dther         □         □         □
List any other programs you are currently working with:
Office/Department: Office/Department:
Office/Department: Office/Department:

## **OPTIONAL:**

Additional information you think would be helpful for us to know:						

Signature