

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



477 EMPLOYMENT & TRAINING APPLICATION

(k^hanamakwst ntsayka munk-skukum ntsayka tilixam)

TOGETHER WE STRENGTHEN OUR PEOPLE

GENERAL INFORMATION			
<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Birthdate</i>
<i>Street Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Mailing address if different</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Phone Number</i>		<i>Message Number</i>	<i>County</i>
<i>Tribe</i>		<i>Roll #</i>	<i>Prior Client?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what program(s): _____
<i>Gender</i> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary		<i>Age</i> 18 – 24 <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Have you ever served in the military?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Email Address</i>	
<i>If 18 – 24:</i> Have you enlisted in the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>How many in the household?</i> _____	
<i>Marital Status:</i> <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single		<i>Any Children under 18?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Social Security Number</i>			
<i>Services of interest:</i>			
<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"/> Social Security Advocacy <input type="checkbox"/> Education Assistance <input type="checkbox"/> College/Diploma <input type="checkbox"/> Required Employment Supplies (I.E. Tools, Specialized clothing, Certifications) <input type="checkbox"/> Career Exploration <input type="checkbox"/> Tribal Assistance <input type="checkbox"/> Job Retention (Assistance Keeping Job) <input type="checkbox"/> Financial Planning			
<i>Education (Check all that apply)</i>			
<input type="checkbox"/> Current Student <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Degree <input type="checkbox"/> Certifications <input type="checkbox"/> Highest Grade Completed _____			
<i>Do you have a current valid driver's license?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>What is Your Primary Source of Transportation?</i> <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Friends/Family <input type="checkbox"/> Walk/Bike	
<i>Current Employment Status</i> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Recently Hired			

We respect your personal information and will honor your confidentiality

