



## Miami Tribe of Oklahoma Employment and Training Application

Miami Tribe of Oklahoma  
P.O. Box 1326  
Miami, Ok 74354  
(918) 542-1445  
(918) 540-2814 FAX

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST, FIRST, MIDDLE

MAILING ADDRESS: \_\_\_\_\_

CITY STATE ZIP COUNTY  
If P.O. Box or Rural Route is used for mailing address, list physical address or describe location with major cross streets. \_\_\_\_\_

PHONE NUMBER(s)  
HOME: \_\_\_\_\_ MESSAGE # & NAME: \_\_\_\_\_

ALTERNATE #: \_\_\_\_\_

IN CASE OF EMERGENCY: CONTACT NAME, RELATIONSHIP, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

Name

Relationship

Address

Phone

### MARITAL STATUS

( ) SINGLE ( ) MARRIED ( ) DIVORCED ( ) SEPARATED

( ) WIDOWED ( ) OTHER

( ) HEAD OF HOUSEHOLD WITH DEPENDENTS UNDER 18

GENDER	AGE	BIRTH DATE	SOCIAL SECURITY #
( ) MALE	_____	_____	_____
( ) FEMALE			
U.S. CITIZEN			
( ) YES ( ) NO			
VETERAN/ MILITARY SERVICE: (Include Active, Inactive, or Reserves)			
( ) YES ( ) NO			
SELECTIVE SERVICE-If born after 1959 or between the ages of 18 to 26 years of age.			
( ) YES ( ) NO			
TRIBAL MEMBERSHIP OR AFFILIATION (Identification Required)			
Federally Recognized Tribe(s): _____			
EDUCATIONAL LEVEL			
( ) Student    ♂ School Name: _____ Current Grade Level _____			
( ) Drop Out    ( ) GED    ( ) High School Diploma    ( ) Post High School			
♂ Circle # of Years for Additional Education 1 2 3 4 5 6+ Degree? _____			

<b>BARRIERS: Check YES if applies to your situation</b>	
<input type="checkbox"/> Lacks Transportation? <input type="checkbox"/> No Driver's License/Have Fines? <input type="checkbox"/> Lack Child Care? <input type="checkbox"/> Police Record? <input type="checkbox"/> Homeless w/o shelter? <input type="checkbox"/> Disabled? <input type="checkbox"/> Domestic Violence Issues <input type="checkbox"/> Long-Term TANF Recipient <input type="checkbox"/> (30+ Months) <input type="checkbox"/> Felony Offense? Specify _____ <input type="checkbox"/> OTHER <input type="checkbox"/> Current Legal Issues/Warrants?	<input type="checkbox"/> Limited Proficiency in English Language? <input type="checkbox"/> Pregnant or Teenage Parent? <input type="checkbox"/> Low Math Skill Level? <input type="checkbox"/> Single Head of Household w/dependents under 18? <input type="checkbox"/> Problems w/Substance Abuse or Alcohol? <input type="checkbox"/> Lack Significant Work History <input type="checkbox"/> Low Reading Skill Level? <input type="checkbox"/> Single Head of Household <input type="checkbox"/> Medical Problems? Specify Explain _____

RECIPIENT OF:	Date Began	Monthly Amount
<input type="checkbox"/> TANF	_____	_____
<input type="checkbox"/> Food Stamps	_____	_____
<input type="checkbox"/> Commodities	_____	_____
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> BIA General Assistance	_____	_____
<input type="checkbox"/> Educational Grants or Stipends	_____	_____
<input type="checkbox"/> Worker's Comp	_____	_____
<input type="checkbox"/> Unemployment Benefits	_____	_____
<input type="checkbox"/> Retirement	_____	_____
<input type="checkbox"/> Foster Care	_____	_____
<input type="checkbox"/> Veterans Assistance	_____	_____
<input type="checkbox"/> DHS Medical Benefits	_____	_____
<input type="checkbox"/> Low Income Subsidized Housing Or Other Rental Assistance	_____	_____
<input type="checkbox"/> Other (Explain)	_____	_____

Labor Force Status – Check One This Section Completed By Admissions Clerk		
<input type="checkbox"/> Employed – Indicate Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  <hr/> <input type="checkbox"/> Unemployed Since Date _____	<input type="checkbox"/> Under-Employed (Able to Work More Hrs or Trained for Higher Level Position)  <hr/> <input type="checkbox"/> Long Term Unemployed 3 Months or Longer	<input type="checkbox"/> Employed but Require Skill Enhancement Training in Present Job  <hr/> <input type="checkbox"/> Youth – Low Income <input type="checkbox"/> At-Risk <input type="checkbox"/> JOM <input type="checkbox"/> Other

**HOUSEHOLD INCOME: Begin by listing yourself and then list all people, you provide financial support for or receive support from, usually consisting of your spouse and your children. If you support a person 18 yrs, or older and claim that person on your taxes, they will need to sign an additional form. All income needs to be submitted, including cash payments, gifts of support, etc.**

Please check the boxes that apply to you

- Single-Parent Family
- Two-Parent Family
- Number of dependents under 18 years of Age \_\_\_\_\_
- Non-Custodial Parent (Must Provide Legal Documents)
- Single Individual

E&T Applicant Name Here	Age/Relationship	Income Source
_____	_____	_____
<b>Now list other household members below:</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	\$ _____	_____
Total Number in Household	Total Household Income for Past 6 Months	

(Including yourself)

**EMPLOYMENT HISTORY** \_\_\_\_\_ Check HERE if Have NO Previous work history

List Current or Most Recent Job First. Include Verifiable Volunteer Work.

1 <sup>st</sup>	Employer	Position/Job Title	Supervisor
Address		City State Zip	Phone #
_____ Full Time	_____ Part Time	_____ Volunteer	_____ Temporary or Seasonal
Rate of Pay	Average Hours Per Week	Start Date/Month/Yr	End Date/Month/Year
Duties/Responsibilities			
Reason for Leaving			

2 <sup>nd</sup>	Employer	Position/Job Title	Supervisor
Address		City State Zip	Phone #
_____ Full Time	_____ Part Time	_____ Volunteer	_____ Temporary or Seasonal
Rate of Pay	Average Hours Per Week	Start Date/Month/Yr	End Date/Month/Year
Duties/Responsibilities			
Reason for Leaving			

3 <sup>rd</sup>	Employer	Position/Job Title			Supervisor
Address		City	State	Zip	Phone #
____ Full Time		____ Part Time	____ Volunteer	____ Temporary or Seasonal	
Rate of Pay	Average Hours Per Week	Start Date/Month/Yr	End Date/Month/Year		
Duties/Responsibilities					
Reason for Leaving					

4 <sup>th</sup>	Employer	Position/Job Title			Supervisor
Address		City	State	Zip	Phone #
____ Full Time		____ Part Time	____ Volunteer	____ Temporary or Seasonal	
Rate of Pay	Average Hours Per Week	Start Date/Month/Yr	End Date/Month/Year		
Duties/Responsibilities					
Reason for Leaving					

(Print Name):	SS#:	Date:
I AM REQUESTING ASSISTANCE WITH THE FOLLOWING: Checkmark indicates ALL IMMEDIATE NEEDS THAT APPLY.		
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> SUPPORTIVE SERVICES	<input type="checkbox"/> YOUTH SERVICES	<input type="checkbox"/> OTHER _____

**DRUG FREE WORKPLACE / NO FIREARMS ALLOWED:** The Miami Nation maintains a safe and secure drug free workplace and does not allow illegal substances, drug paraphernalia, or firearms upon its property. This policy applies to employees and guests. Anyone found in violation of this policy and/or breaking the law will be subject to appropriate actions including removal from the building or grounds, termination or suspension of services, and appropriate legal procedures.

**CONFIDENTIALITY:** Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all Employment & Training staff is required to maintain confidentiality of participants unless otherwise noted in the release of information to which I agree.

**RELEASE OF INFORMATION:** I certify the information given in this application is correct and true to the best of my knowledge and subject to verification. Falsification of facts is grounds for immediate termination and may result in prosecution under law. I also hereby authorize E & T staff to obtain or release information included in this application and my participant file as it pertains to my eligibility for services, assistance sought on my behalf from other social services programs, for verification of information that I have provided, and/or for reporting purposes.

**INDIVUALIZED PLAN OF SERVICE:** I further understand that a DETERMINATION OF ELIGIBILITY does not guarantee services and that not all services will be financial in nature. I also understand that I am required to complete a formal ASSESSMENT TEST to finalize the application process. I agree to work together with my assigned counselor to develop and prepare a EMPLOYABILITY DEVELOPMENT PLAN which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received services.

***By my signature below, I indicate my agreement to abide by the policies and procedures set forth, and release of information as necessary to verify information, provide, and/or obtain services on my behalf.***

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Applicant Signature

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Date

**\*THIS PAGE FOR ADMISSIONS STAFF USE ONLY\***

NAME: \_\_\_\_\_

ELIGIBILITY VERIFICATION RECORD	YES	NO	N/A	COMMENTS
1. Birth Certificate/Driver's License				
2. Residence-Bill/Letter				
3. Draft Registration				
4. Tribal Enrollment Card				
5. Social Security Card				
6. Income Verification for Last 6 Months				
7. Employment Office Registration				
8. The Adult Basic Education Test (TABE)				

Verifier's Name _____	Date _____
Admissions Summary _____ _____ _____ _____ _____ _____ _____	
<b>APPLICATION STATUS</b>	
<b>THIS APPLICANT      { } IS      { } IS NOT      HEREBY APPROVED</b>	
_____ <b>DIRECTOR</b>	_____ <b>DATE</b>
<b>COMMENTS</b>	
_____ _____ _____ _____	

**THIS PAGE E&T OFFICE STAFF USE ONLY – COMPLETED BY E&T STAFF**

**INCOME CALCULATION** Six (6) Month Period \_\_\_\_\_ To \_\_\_\_\_

Total Number In Household: \_\_\_\_\_ Excluded Income-Source: \_\_\_\_\_

Included Income ONLY:

<u>Applicant</u>	<u>Source</u>	<u>Amount</u>
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<u>Other Household Member(s)</u>	<u>Source</u>	<u>Amount</u>
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Federal Poverty Guideline Limit: \_\_\_\_\_ Total 6 Months Income: \_\_\_\_\_

Economically Disadvantaged: \_\_\_\_\_ Yes Below Federal Guideline  
 \_\_\_\_\_ No Exceeds Poverty Limitation  
 \*If Youth, At-Risk?

**ELIGIBILITY / QUALIFICATION FOR SERVICES**

**Adults & Youth**

- \_\_\_\_\_ Unemployed at least 7 consecutive days prior to application
- \_\_\_\_\_ Long-Term Unemployed
- \_\_\_\_\_ Under-employed
- \_\_\_\_\_ Employed – requires Skill Enhancement
- \_\_\_\_\_ Economically Disadvantaged
- \_\_\_\_\_ Social Services / Emergency / Disaster

**Youth ONLY**

- \_\_\_\_\_ At Risk but not Economically Disadvantaged
- \_\_\_\_\_ Leadership Development
- \_\_\_\_\_ Lacks Employability Skills

**CHECK ADDITIONAL PAGES REQUIRED**

- Notarized RELEASE OF INFORMATION
- EDUCATION
- EMPLOYMENT
- SAFETY PROCEDURES POLICY
- YOUTH SERVICES
- MEDICAL RELEASE IF UNDER 18yrs
- SOCIAL SERVICES
- CHILD CARE
- RE-CERTIFICATION
- OTHER: \_\_\_\_\_

**REFERRALS**

- Indian Child Welfare/Family Preservation
- DHS/ Food Stamps/TANF
- Women Infant & Children (WIC)
- Domestic Violence/Project Safe
- Salvation Army
- Early Head Start / Head Start
- Public/Tribal Housing
- Voc-Rehab (IOWA)
- Behavioral Health/ Substance Abuse
- Other: \_\_\_\_\_