

# EDUCATION, TRAINING AND EMPLOYMENT APPLICATION

Name:	Social Security #:
Address (Please Provide Proof of Residency):	Phone:

### HOUSEHOLD DATA:

Yourself and Household Members	Education Level	Age	Male or Female	Disabled	Veteran Copy of DD214 card

### INCOME DATA: List all income from employment for past three (3) months:

Date	Gross Monthly Income	Employer	Address

### REQUIRED PHOTOCOPIES WITH THIS APPLICATION:

1. **Certificate of Degree of Indian Blood (CDIB) or your Tribal Enrollment Card.**
2. **Applicant's Social Security Card.**
3. **Applicant's Income** - To verify income a copy of paystub or employers statement of income for past 3 months may be requested.
4. **Verification of Residency** – Current utility bill with your name and address listed, or rent receipt with your name and address.
5. Applicant's **Drivers License or valid photo id.**
6. **Verification of Selective Service Registration for 18 to 25 year old males.**

How did you hear about this program? \_\_\_\_\_

Are you a TANF client? \_\_\_\_\_

If so, please list what services you receive and money amounts \_\_\_\_\_

#### Certification of Application

I certify that the information given is true and accurate to the best of my knowledge. I understand the information may be confirmed for review and verification. I also understand I can be subject to immediate termination if it is determined that I have falsified any information pertaining to this application and may be subject to prosecution for fraud and/or perjury. I will allow release of the information for verification purposes and understand it will be used to determine my eligibility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I Certify Eligibility (Signed by Counselor) \_\_\_\_\_ Date: \_\_\_\_\_

**[FOR OFFICE USE ONLY]**

**ETE PLAN**

Applicant's Name: \_\_\_\_\_

Counselor completes. Check (x) in the appropriate box. This information identifies significant barriers that the applicant may have.

- No High School Diploma
- No GED
- One Grade behind Expected Grade Level
- School dropout
- Never had a full time job
- Age (Age discrimination)
- Ethnic background
- No transportation to training or work
- Handicap/disability
- Sex (Gender discrimination)
- Youth living in home of low-income single parent
- Youth living in home of low-income parents or grandparents
- Homeless
- Are you a convicted felon
- Are you a registered sex offender
- Other \_\_\_\_\_

**OTHER INFORMATION NEEDED:**

- Applicant is receiving TANF Services
- Applicant's child is enrolled in Early Childcare or Head start
- Applicant is receiving General Assistance
- Applicant is receiving GSBG Job related assistance

**RECOMMENDED PROGRAM:**

- Long Term/Vocational Training Support
- Short Term Training
- GED assistance
- Adult Work Experience
- Job Assistance – work clothes, tools, etc.
- Certification
- Other \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Date: \_\_\_\_\_