

The Klamath Tribes Direct Employment Assistance Program Support Services Application

The Klamath Tribes encourages its members to be self-sufficient and to seek gainful employment, which will provide for them and their families. The Direct Employment Assistance (DEA) Program serves, as a resource to assist Tribal members who have a job skill(s), are unemployed or under-employed to obtain or retain permanent employment.

Attached you will find the Klamath Tribes Direct Employment Assistance application. The following check list will assist you with monitoring your application to completion. If you have any questions do not hesitate to call our offices. Your application will be reviewed when all required information is received.

FORM	First Service	Second Service
DEA Application	X	X
Verification Tribal Membership	X	
Verification Employment Form	X	X
Verification of Residency in Service Delivery Area	X	X
Letter of Request	X	X
Documentation for Required Tools, Uniforms, Footwear, etc.	X	X

If you have any questions in completing this application you should notify Coquise Wilson, Eligibility Worker, at extension 133, at the number below, or email coquise.wilson@klamathtribes.com.

**The Klamath Tribes
Education & Employment Department
501 Chiloquin Blvd – PO Box 436
Chiloquin OR 97624**

**Telephone Number: (541) 783-2219
FAX Number: (541) 783-7802**

The following is a list of factors that will be used to determine need of DEA Support Services

- An applicant's prior work history
- Applicant interview to determine individual needs
- Fund availability for such service.
- If employment is part-time, full-time, permanent, seasonal, temporary, or training.
- If application is a repeat service.

The Klamath Tribes

PO Box 436 / 501 Chiloquin Blvd, Chiloquin OR 97624

Direct Employment Assistance Program Application

Complete all areas of this application. Do not leave any areas unmarked. Failure to provide accurate and complete information requested in this application will delay services. If you have any questions please ask Education & Employment Department personnel for assistance.

You may FAX any or all of the application or other required information to (541) 783-7802.

1. Personal Information Record

Name: _____	Social Security Number: _____
Address: _____	Date of Birth: _____
City/Zip: _____	Telephone Number: _____
Tribal Affiliation: _____	Tribal Enrollment Number: _____

Are you a Veteran? Yes [] No [] Branch: _____

Do you have any physical limitations that would interfere with your employment? YES [] No []

If you have limitations and are working with an agency what is the name and telephone number of your Vocational or Disability Counselor? _____

Name of Agency: _____

2. Income Information

Are you: Married [] Divorced [] Single [] Other: _____

List names and ages of legal Dependents: Any names listed in this portion will require proof of dependency.

Do you receive cash from: NAFA [] TWAP [] SSDI [] Disability Comp. [] Wages []
 State TANF [] SSI [] Unemployment [] Veteran Benefit []

Amount of Income: \$ _____ Week / Bi-weekly / Month Circle one.

3. Request

Please check all that apply to you. You will be required to submit a letter that will tell us why the assistance is needed for you to be successful at your job. AND, if the request is a requirement of your job the employer should provide a list of required items attached to this application

_____ Work Clothing:	_____ Work Shoes	_____ Monetary Support
_____ Work Coat/Jacket	_____ Car Repair	_____ Rent Deposit
_____ Utility Deposit	_____ Tools	_____ Reimbursed Employee Costs
_____ Other: Please list.	_____	_____

Have you received DEA services in the past two (2) years? Yes [] No []

4. Education & Training

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> General Equivalency Diploma	Year Completed: _____
<input type="checkbox"/> College / University	<input type="checkbox"/> Vocational or Trade of School	Year Completed: _____
Last year completed in school: 6 7 8 9 10 11 12 13 14 15 16 Grad School Doctorate Circle one		
Certificate / License: Mark all that apply. Indicate only those Certificates or Licenses that are current.		
_____ CDL	_____ Home Health Aid	_____ Food Handler's Card/OLCC
_____ Driver License	_____ Fire Fighter-Forest	_____ Welder
_____ CPR/First Aid	_____ Fire Fighter-Range	_____ Other: _____
_____ Certified NA / MA	_____ Flagger	_____ Union: _____
Skills: Mark all that apply. Indicate only those skills that you have currently or add to the list.		
_____ Computer Program	_____ General Office	_____ Power Tools
_____ Customer Service	_____ Hand Tools	_____ Stocking/Inventory
_____ Cashier	_____ Heavy Equipment	_____ Telephones
_____ Construction	_____ Manufacturing	_____ Other: _____

5. Employment Record

All information in this section must be accurate and complete. An assessment of your past employment record will assist in the determination of services for you. If any sections are left blank or incomplete this will cause a delay in delivery of services. List the most recent periods of employment first. If you have no or limited work history please talk with Department personnel prior to completing this application.

1.		
Employer Name: _____	From _____	To _____
Address: _____ Indicate time by month and year.		
City/Zip: _____	Job Title _____	
Telephone Number: _____ () _____	Wage Rate: _____	
Reason for Leaving _____		
Job Description of Duties: _____		

2.	
Employer Name: _____	From _____ To _____
Address: _____	Indicate time by month and year.
City/Zip: _____	Job Title _____
Telephone Number: () _____	
Reason for Leaving _____	Wage Rate: _____
Job Description of Duties: _____	

3.	
Employer Name: _____	From _____ To _____
Address: _____	Indicate time by month and year.
City/Zip: _____	Job Title _____
Telephone Number: () _____	
Reason for Leaving _____	Wage Rate: _____
Job Description of Duties: _____	

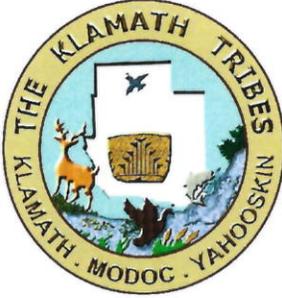
Privacy and Release of Information Statement

The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 88-230 (77Stat. 471, 25 U.S.C. 309). Disclosure of the requested information by the applicant is voluntary. The purpose of this information collection is to determine your eligibility for services. The routine use of this information is to evaluate your request and to assist you before and during employment. Parts or all of the information in this application may be shared with your potential employer or those Tribal Departments of which you are a client. The application will be used in a routine manner by those people involved in financial control who need budgeting information contained in this application.

I have read the above statement. I hereby state that all information within this application is true and accurate. I also authorize the use of such information to the extent of the uses specified in this statement.

Signature of Applicant

Date



The Klamath Tribes - Education & Employment Department

PO Box 436
Chiloquin OR 97624
Phone: (541) 783-2219
FAX: (541) 783-7802

TRIBAL ENROLLMENT VERIFICATION FORM

Please verify the enrollment of the following student applying for one of the listed services indicated below.

____Adult Basic Education ____Adult Vocational Training ____Higher Education
____Johnson O'Malley ____Direct Employment Assistance

Submit copy of Klamath Tribes Identification Card, if available, with this form.

Name of Applicant _____

Tribal Affiliation _____

Date of Birth _____ Roll Number If Known _____

Applicant/Parent/Guardian Signature

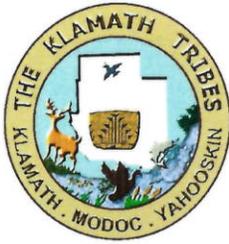
Date

<<<<Tribal Office Use Only Below This Line>>>>

The applicant indicated on this form ___ is / ___ is not an enrolled Klamath Tribes member. Their Klamath Tribes enrollment number is _____.

Enrollment Officer Signature

Date



Verification of Employment

The Klamath Tribes – Education & Employment Department
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 Chiloquin OR 97624

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Note to the Employer:

The person you have hired has applied for assistance from the Klamath Tribes Direct Employment Assistance Program. The information you provide is required to determine eligibility of the applicant.

Release of Information:

I hereby authorize my employer to release the following information that is required by the Direct Employment Assistance Program to determine my eligibility.

_____ DEA Applicant Signature

_____ Date

Employee Name: _____		SSN: _____	
Job Title: _____		Date of Hire: _____	
Date Work Begins: _____			
Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On- Call			
<input type="checkbox"/> Permanent – This means a position with the potential of lasting more than a year.			
<input type="checkbox"/> Seasonal Length of Employment: _____			
<input type="checkbox"/> Temporary Length of Employment _____			
First Pay Day: _____		Pay Check: Partial Full Final	
_____ Employer Tax Number		_____ Authorized Signature of Employer & Title	
_____ Employer Telephone Number		_____ Employer Company Name	

If the above named applicant is required to have specific clothing, footwear, tools, or equipment to perform the actual duties of the job please list them here or attach a separate page using the employer's letterhead and signature.
