



**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, are unemployed or under-employment 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 office. **Your application will be reviewed when all required information is received.**

Documents	First Service	Second Service in Same Year
DEA Application	X	X
Tribal Enrollment	X	
Verification of Residency In Service Area	X	X
Personal Letter of Request	X	X
Verification Employment Form	X	X
Documentation for Required clothing tools, uniform etc.	X	X

Completed applications may be returned to the following:

Personal Delivery: The Klamath Tribes, Education & Employment Department
501 Chiloquin Blvd., Chiloquin, OR 97624

Mail: Klamath Tribes – Education & Employment Department
Direct Employment Assistance
PO Box 436, Chiloquin, OR 97624

If you have any questions please contact 541-783-2219 ext. 128 or 115

- The following is a list of factors that will be used to determine need of DEA Support Service
- An applicant’s prior work history
 - Application Interview to determine individual needs
 - Funds 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
Direct Employment Assistance Program Application**

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

1. Personal Information

Name: _____ Phone Number: _____
Address: _____ Date of Birth: _____ Age: _____
City/Zip: _____ Marital Status: _____ Gender: Female / Male
Tribal Affiliation: _____ Roll 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 to your vocation or disability Counselor?: _____
Name of Agency: _____

2. Income Information

Do you Receive Benefits from: NAFA () SNAP () SSDI () Disability Comp () Wages () State TANF ()
SSI () Unemployment () Veterans Benefits ()
Amount of income: _____ Week/ biweekly/ Monthly (circle one)

3. Request

Are you currently employed? YES or NO
DO you have a Certificate or vocational License? YES or NO
_____ Work Clothing _____ Work Shoes _____ Monetary Support
_____ Work Coat/Jacket _____ Car Repair _____ Rent Deposit
_____ Utilities Deposit _____ Tools _____ Reimbursed Employee Costs
_____ Other. Please List: _____
Have you Received DEA Services in the Past two Year? () Yes () No

4. Education & Training

() High School () Diploma GED () College/ University () Vocation or trade 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:

_____ CDL _____ Home Health Aide _____ Food Handlers 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. Please 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 the Employment Specialist prior to completing this application.

1.

Employer Name: _____ From: _____ To: _____
Address: _____
City/Zip: _____ Job Title: _____
Telephone Number :_(_____) _____
Reason for Leaving: _____ Wage/ Rate: _____
Job Description of Duties: _____

2.

Employer Name: _____ From: _____ To: _____
Address: _____
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.

<input type="checkbox"/> Adult Basic Education	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Johnson O'Malley	<input type="checkbox"/> 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
 PO Box 436
 Chiloquin OR 97624
 Telephone: (541) 783-2219
 Fax: (541) 783-7802

Note to the Employer: _____
Employer Name

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

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

Release of Information:

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

 DEA Applicant Signature

 Date

For Office Use Only:

Employee Name: _____ SSN: _____

Job Title: _____ Date of Hire: _____

Date Work Begins: _____

- Employment: [] Full-time [] Part-time [] On- Call
 [] Permanent – This is a position with the potential of lasting more than a year.
 [] Seasonal Length of Employment: _____
 [] 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

**The Klamath Tribes
Education & Employment Department**

Read the instructions below: (missing letter from application will slow down processing)

DEA applications shall include a hand written or typed letter. Please utilize this form, or you may use a separate sheet of paper. Please sign and date your letter, include your employer name / point of contact information and the type of employment. Please list the specific **request of services** and include the **price list** for this application.

Personal Letter Form