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.

<table>
<thead>
<tr>
<th>Documents</th>
<th>First Service</th>
<th>Second Service in Same Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA Application</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tribal Enrollment</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Verification of Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Service Area</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Personal Letter of Request</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Verification Employment Form</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Documentation for Required clothing tools,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uniform etc.</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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
TRIBAL ENROLLMENT VERIFICATION FORM

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

<table>
<thead>
<tr>
<th>Adult Basic Education</th>
<th>Adult Vocational Training</th>
<th>Higher Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson O’Malley</td>
<td>Direct Employment Assistance</td>
<td></td>
</tr>
</tbody>
</table>

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
**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.

<table>
<thead>
<tr>
<th>DEA Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*For Office Use Only:*

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Date of Hire:</td>
</tr>
<tr>
<td></td>
<td>Date Work Begins:</td>
</tr>
</tbody>
</table>

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 __________________________

<table>
<thead>
<tr>
<th>First Pay Day:</th>
<th>Pay Check:</th>
<th>Partial</th>
<th>Full</th>
<th>Final</th>
</tr>
</thead>
</table>

Employer Tax Number

Authorized Signature of Employer & Title

<table>
<thead>
<tr>
<th>Employer Telephone Number</th>
<th>Employer Company Name</th>
</tr>
</thead>
</table>
The Klamath Tribes  
Education & Employment Department

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

<table>
<thead>
<tr>
<th>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 <strong>request of services</strong> and include the <strong>price list</strong> for this application.</th>
</tr>
</thead>
</table>

**Personal Letter Form**