



## **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 offices. **Your application will be reviewed when all required information is received.**

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

### **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 leaving no areas unmarked. Services will be delayed if information or required documents are missing. If you have any questions please ask Education and Employment for assistance.

**1. Personal Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_ Roll Number: \_\_\_\_\_  
Are you a Veteran? Yes ( ) No ( ) Branch: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Do you have any physical limitations that would interfere with your employment? Yes ( ) No ( )  
If you have limitations and you 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: \_\_\_\_\_ Circle one: Week/ Bi-weekly/ Monthly

**3. Request**

Are you currently employed? Circle one: YES or NO  
Do you have a Certificate or Vocational License? Circle one: 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 years? ( ) Yes ( ) No

**4. Education & Training**

( ) High School ( ) Diploma GED ( ) College/ University ( ) Vocation or trade School Year Completed: \_\_\_\_\_  
Circle one: Last year Completed in School: 6 7 8 9 10 11 12 13 14 15 16 Grad School Doctorate

## 5. Education & Training (continued)

### 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 _____

## 6. 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: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Wage/ Rate: \_\_\_\_\_

Job Description of Duties: \_\_\_\_\_

\_\_\_\_\_

2.

Employer Name: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Wage/ Rate: \_\_\_\_\_

Job Description of Duties: \_\_\_\_\_

\_\_\_\_\_

**The Klamath Tribes  
Education & Employment Department**

**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.

DEA applications are required to have a hand-written request **in the space provided below**, for services. **Please list the specific request of services, with associated costs**, for this application. All letters require applicant signature and date.

**Personal Letter Form**

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Signature of applicant

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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 The 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:

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 (\*KLAMATH TRIBAL EMPLOYEES, HR USE ONLY\*)

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employment: \_\_\_\_\_ Date Work Begins: \_\_\_\_\_

☐ 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

\_\_\_\_\_  
Date: \_\_\_\_\_

Employer Tax Number  
\_\_\_\_\_

Authorized Signature of Employer  
\_\_\_\_\_

Employer Telephone Number

Employer Company Name and Title