

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.**

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:

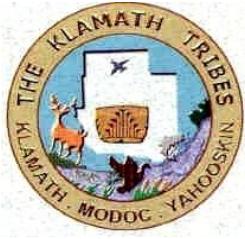
Personal Delivery: The Klamath Tribes, Education & Employment Department
501 Chiloquin Blvd., Chiloquin, OR 97624

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 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:

<input type="checkbox"/> CDL	<input type="checkbox"/> Home Health Aide	<input type="checkbox"/> Food Handlers Card/OLCC
<input type="checkbox"/> Driver License	<input type="checkbox"/> Fire Fighter-Forest	<input type="checkbox"/> Welder
<input type="checkbox"/> CPR/ First Aid	<input type="checkbox"/> Fire Fighter- Range	<input type="checkbox"/> Other _____
<input type="checkbox"/> Certified NA/MA	<input type="checkbox"/> Flagger	<input type="checkbox"/> Union _____

Skills: *Mark all that apply. Please indicate only those skills that you have currently or add to the list.*

<input type="checkbox"/> Computer Program	<input type="checkbox"/> General Office	<input type="checkbox"/> Power Tools
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Stocking/ Inventory
<input type="checkbox"/> Cashier	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Telephones
<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> 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

Signature of applicant

Date



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

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