

SAULT TRIBE WORKFORCE INNOVATION AND OPPORTUNITY ACT APPLICATION

Applicants are to complete the unshaded areas ONLY.

1. Name (Last, First, Middle)			3. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
4. Address		City	State	5. Date of Birth	
6. Age		7. Position (s) Applying For:		8. Ethnic Status	
Zip Code		County		Phone No.	
9. <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien			<input type="checkbox"/> Native American Tribe _____ <input type="checkbox"/> White <input type="checkbox"/> Other		

10. Do you have a High School Diploma or GED? Yes No. If Yes, year received _____ If No, date expected _____
11. Do you have a Degree? Yes No If Yes, Type of Degree _____ Date Received _____
12. Are you currently attending school or between terms? Full Time Part Time No.
 If Yes, Name of School Attending _____
 If No, Name of last school attended _____
13. Highest grade completed: () Below 7th grade () 7 () 8 () 9 () 10 () 11 () 12 () 13 () 14 () 15 () 16
14. Are you currently enrolled in any of the following for which you will receive a certificate or Degree: Skill Center Training, occupational Training (Carpentry, Welding, Electrician, etc), Other: Yes No. If Yes, Date you will receive _____
15. Are you currently in the Military? Yes No
16. If not currently in the Military, do you plan on joining the Military? Yes No. If yes, when will you enlist? _____

17. Selective Service Registrant Status

- (a) If male, were you born on or after January 1, 1960? Yes No
 (b) If Yes and you are 18 or over, have you registered as required by Section 3 of the Military Selective Act. Yes No

OFFICE USE ONLY: Selective Service # and Verification:

18. Have you served in the U.S. Military Service more than 180 days Yes No
 Dates of Service: _____ to _____ Type of discharge _____

EMPLOYMENT STATUS: () Unemployed () Employed () Recipient of Layoff Notice () Working part-time seeking full-time work

19. WORK HISTORY (Last 26 Weeks): Please List ALL jobs you have held during the LAST 6 MONTHS. List most current employer first. Please use exact dates.

Employer	Job Title	Hrs/Wk	Hourly Wage	Start Date	End Date	Reason For Leaving

PRIOR WIOA PARTICIPATION

20. Have you ever participated in WIOA before? Yes No. If Yes, please complete columns below.

Sponsoring Organization	City and State	Hrs/Wk	Program Activity	Start Date	End Date	Reason For Leaving

21. Do you provide 50% or more support to any person other than yourself ___Yes ___No. If yes, how many? _____.
22. Do you receive 50% or more support from other family members living with you? ___Yes ___No.
23. Are you a single parent with dependent(s) under age 18? ___Yes ___No.

24. FAMILY INCOME:: List yourself and all members of your family living with you. Indicate the Source and Amount of income for each for the past six months. If you or other family members receive no income, please state No Income. **TYPES OF INCOME INCLUDE:** Employment, AFDC, Social Security, SSI, Pension, Disability Income, Unemployment Benefits, Child Support, General Assistance, Rental Income, Food Stamps or other income not listed. **RATE OF INCOME:** List income earned before taxes (gross). *An adult handicapped applicant is considered a family of one.*

Family Member Name	Age	Relationship	Source of Income If employed, employer name	Frequency Week-Month	Amount of Income for Prior 6 Months
Number in Family _____	Economically Disadvantaged ___Yes ___No		FOR OFFICE USE	6 months TOTAL 6 months ANNUALIZED	\$ _____

**You must provide proof of income for the past six months for all members of the household.
APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF INCOME.**

DECLARATION OF NO INCOME
(If you have stated above that you receive no income please complete this section also.)

I, _____, do hereby declare that I did not receive any income for the months of: _____.

I certify the information contained in the no-income declaration is complete and accurate to the best of my knowledge. I understand that I am signing this declaration of no income under Penalty of Criminal Prosecution if I knowingly give false information that results in assistance being distributed to an individual/family who is not eligible for such assistance.

My basic living needs (shelter, food and utilities) have been met for the above indicated months by: (give a brief explanation of how needs were met or name of person assisted in meeting needs).

My Basic needs were met by: _____

My basic needs were met from the assistance of:

Name: _____ Phone: _____

Address: _____ City/State: _____

This individual provided: () Shelter () Food () Utilities () Other _____

State reason for no-income: (such as illness, lack of employment, full time student, etc.)

Signature _____
Date

25. **Unemployed:** Are you currently **unemployed** ____ Yes ____ No. If YES, last date worked ____/____/____.
 If unemployed, have you made specific efforts to find a job throughout the period of unemployment? ____ Yes ____ No.
 Within the past two years have you worked any full-time position for three months or longer.? ____ Yes ____ No.
26. **Underemployed:** Are you currently working part-time (less than 30 hrs/wk) ____ Yes ____ No.
 If YES, number of hours per week _____ Rate of pay \$ _____
27. **Economically Disadvantaged:** Are you or any family members living with you currently receiving?
 a. FIP ____ Yes ____ No. **If YES, date payments began:** _____ **Case No.** _____
 b. Food Stamps _____ Yes ____ No
 c. Food Commodities _____ Yes ____ No
 d. General Assistance (G.A.) _____ Yes ____ No
 e. SSI (Supplemental Security Income) _____ Yes ____ No

(Verification must be submitted on all Yes answers)

28. Are you a foster child on behalf of whom state or local government payments are Made? ____ Yes ____ No
29. Are you handicapped? ____ Yes ____ No. If Yes, indicate handicap _____
30. Are you now or have you ever been arrested or in jail or on probation or parole? ____ Yes ____ No
 If yes, please explain: _____
31. Marital Status: ____ Single ____ Married ____ Divorced ____ Legally Separated ____ Widowed
32. Are you receiving Unemployment Compensation? ____ Yes ____ No. If YES, since _____
33. Have you exhausted all Unemployment Compensation benefits within the last year: ____ Yes ____ No.
 If Yes, Date exhausted _____
34. Are you related to any member of the Sault Tribe Board of Directors or WIA Administration? ____ Yes ____ No
 If Yes to either question, indicate name and relationship: _____

EMPLOYMENT INFORMATION: List most recent first

Employer Name:		Phone Number:	
Address:		Job Title:	
Supervisor:	Dates Employed: From _____ To _____	Hrs per Week	Wage
Job Duties: _____ _____			
Reason for Leaving:			

Employer Name:		Phone Number:	
Address:		Job Title:	
Supervisor:	Dates Employed: From _____ To _____	Hrs per Week	Wage
Job Duties: _____ _____			
Reason for Leaving:			

35. Which job did you enjoy most and why? _____
36. Are you willing to relocate for work? ____ Yes ____ No
37. Are you interested in full or part-time employment? _____
38. Do you enjoy indoor or outdoor work? _____
39. Briefly explain what service you are seeking from the WIOA Department _____

I understand that this application form is intended for use in evaluating my qualifications for employment, and that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also understand that false or misleading statements during the interview, on background documents, and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, financial and credit history, criminal history background and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information.

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification; and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it may be used to determine eligibility.

Applicants Signature: _____ Date: _____

Parent, Guardian, Responsible Adult: _____ Date: _____

Recertification (if more than 45 days have elapsed since original date of application.) I certify the the information on this application is still correct and complete and that I have not obtained permanent full-time employment.

Signature of Applicant: _____ Date: _____

DETERMINATION OF ELIGIBILITY

IV-A	Yes _____	No _____
SYEP	Yes _____	No _____

Reason for non-selection: _____

Intake Site: _____

Signature of Intake Worker: _____ Date: _____

PLEASE SUBMIT THE FOLLOWING WITH APPLICATION: Incomplete applications will be returned.

- 1) Verification of **ALL** Household Income and/or unemployment status for the past six months (Check stubs, AFDC grants, unemployment stubs, foster childcare payments, Food stamps/Food Commodities, Child Support, Social Security, General Assistance, etc.) W-2's and Tax Forms are not acceptable.
- 2) Proof of Native American Status (Up-to-Date Tribal Card, BIA certification, etc.)
- 3) A Copy of School Schedule or ID card stating current year. (If applying for the After-School Work Experience Program)
- 4) Proof of residency (Utility Bill, Rent Receipt, Voters Registration, Drivers License, etc.) If a minor, report card, magazine subscription, school schedule, etc. Anything that states minors name and current address.

***If you are under the age of 18, please remember to have your parent or guardian sign the application*.**

PLEASE RETURN APPLICATION TO: Sault Tribe W.I.O.A. Department
Attn: Brenda Cadreau
2 Ice Circle
Sault Ste. Marie, Michigan 49783
Telephone: (906) 635-4767 ~ *Fax: (906) 635-4981

07/31/15

**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
W.I.O.A. DEPARTMENT**

INDIVIDUAL SERVICE STRATEGY

BACKGROUND INFORMATION

Name: _____ Social Security Number: _____ Date of Birth _____

Telephone: _____ Message Phone: _____ Email: _____

EDUCATION STATUS (Please check one)

_____ **Student:** Attending any school (elementary, junior high school, high school, alternative school, post secondary school, etc.), whether full or part-time, or between school terms and you intend to return to school.

_____ **High School Graduate or Equivalent:** Received a high school diploma or equivalent (GED), but have not attended any post-secondary level vocational, technical, or academic program (one normally requiring a high school diploma or GED for entry)

_____ **Attended Post High School:** Received a high school diploma or GED certificate and have attended but are not currently attending a post-secondary level vocational, technical, or academic program (one normally requiring a high school diploma or GED for entry.)

_____ **School Dropout:** No longer attending any school and have not received a secondary school diploma or GED.

If you do not have a high school diploma or GED, would you like information or assistance in obtaining one? _____ Yes _____ No

If currently enrolled in school and have not yet graduated, do you plan on attending college or some other post secondary school after graduation? _____ Yes _____ No

If currently enrolled in school and have not yet graduated, do you plan on enlisting in the Armed Forces? _____ Yes _____ No

BARRIERS TO EMPLOYMENT: (Please check all that apply)

_____ Limited English	_____ School Dropout	* _____ Basic Skills Deficient	_____ Unemployed 15 out of last 26 weeks
_____ Pregnant/Parenting Teen	_____ Substance Abuse	* _____ Disability	_____ Foster Child
_____ Offender	_____ Public Assistance Recipient	* _____ Displaced Homemaker	
_____ Grantee determined barrier	_____ Homeless	_____ Single Head of Household with dependents under 18	

***Basic Skills Deficient:** Reading, writing or math skills at or below the 8th grade level.

***Disability:** Physical (motion, vision, hearing) or Mental (learning or developmental)

***Displaced Homemaker:** An individual who has been providing unpaid services to family members in the home and who (1) has been dependent on the income of another family member but is no longer supported by that income; and (2) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment; or is receiving public assistance and is within 2 years of exhausting lifetime eligibility under part A of title IV of the Social Security Act.

CHILD CARE INFORMATION

Do you have access to childcare? _____ Yes _____ No Do you need assistance locating childcare? _____ Yes _____ No

TRANSPORTATION INFORMATION

Do you have a valid driver's license? ____ Yes ____ No.

If yes, Please check any that might apply. ____ Hazardous Waste ____ Motorcycle ____ Chauffeurs ____ Tankers ____ CDL ____ 18 Wheelers ____ Restrictions

Do you have reliable transportation? ____ Yes ____ No

Do you own a vehicle? ____ Yes ____ No

OCCUPATIONAL SKILLS

(Summarize special skills and qualifications acquired from past employment or other experience.)

State any information you feel may be helpful to us in assisting you with employment

INTERESTS, ATTITUDES AND MOTIVATION:

Where would you like to see yourself after completion of WIOA Training? _____

What is your Ultimate Career Goal? _____

What is your motivation for Training? () Employment () Financial () Something to do () Other _____

What type of wage are you looking for? _____ Are you willing to do shift work? () Yes () No

EDUCATION/TRAINING/EMPLOYMENT GOALS

1. _____
2. _____
3. _____
4. _____

Signature

Job Counselor

Date