

IOWA TRIBE OF OKLAHOMA DIRECT EMPLOYMENT ASSISTANCE

The purpose of the employment assistance program is to assist Native Americans who have a job skill to obtain permanent employment. Applicants must be adult Indians residing within the service area and demonstrate a need for employment services. Applicants must be unemployed or underemployed in order to receive employment services. Only those applicants who declare a desire and intent to accept and retain full time permanent employment at the employment location shall be selected.

These documents are required to process an application for employment assistance:

- * Completed application
- * Verification of residency
- * Driver's License
- * Social Security card
- * Certificate of Degree of Indian Blood
- * Written statement from the applicant as to why they want the job and that it is intended to be of permanent position.
- * Employer verification (the employer must document the following information on company letterhead)
 - A.) Job Title
 - B.) Beginning wages
 - C.) Date to start work
 - D.) First day of pay
 - E.) First full day
 - F.) A statement that the job is anticipated to be of a permanent nature.
 - G.) Name, phone number and signature of staff person preparing document.

Payment will be made directly to the vendor when a third party is involved such as utility company or landlord.

**IOWA TRIBE OF OKLAHOMA
DIRECT EMPLOYMENT ASSISTANCE APPLICATION**

COMPLETE NAME:	MAILING ADDRESS:	DATE:
APPLYING FOR: DIRECT EMPLOYMENT ASSISTANCE	SOCIAL SECURITY #	BIRTHDATE:
Do You Have Any Other Source Of Income? YES or NO If Yes, please explain _____	Are you currently employed? YES or NO If YES, with whom? _____	VETERAN: YES or NO
NUMBER OF DEPENDENTS: _____	In Case of Emergency:	
Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____	Name: _____ Address: _____ Relationship: _____ Phone Number: _____	
EMPLOYMENT RECORD: (List Your Last 3 most recent Employers):		
From: _____ To: _____ Job Title: _____ Reason for Leaving: _____		
Employer's Name and Address: _____		
Your Duties: _____		
From: _____ To: _____ Job Title: _____ Reason For Leaving: _____		
Employer's Name and Address: _____		
Your Duties: _____		
From: _____ To: _____ Job Title: _____ Reason for Leaving: _____		
Employer's Name and Address: _____		
Your Duties: _____		

OFFICE USE ONLY

APPROVED FOR SERVICES? YES or NO	AMOUNT PROVIDED: \$ _____
-------------------------------------	------------------------------