Cheyenne-Arapaho
Employment Opportunity
& Training Services

EOTS Department
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TRIBAL NATIVE EMPLOYMENT WORKS (NEW) PROGRAM
EMPLOYMENT ASSESSMENT

CASE #_____

DATE:_____

_____
PARTICIPANTS NAME

**********PERSONAL DATA**********

ADDRESS _____ HOME PHONE #:_____
STREET/ P.O. BOX./ ROUTE

_____ MESS. PHONE #:_____
CITY STATE ZIP

SOCIAL SECURITY #:_____ DATE OF BIRTH:_____

DRIVER'S LICENSE:_____
NUMBER /STATE/ EXPERATION DATE

**********TRAINING AND EDUCATION**********

1) EMPLOYER/COMPANY NAME_____ DATES _____TO_____
BEGIN END

ADDRESS_____
STREEET / P.O. BOX / ROUTE

POSITION_____ RATE_____/_____ SUPERVISOR_____
BEGIN END NAME / TITLE

DUTIES / RESPONSIBILITES:_____

_____

_____

2) EMPLOYER/COMPANY NAME_____ DATES _____TO_____
BEGIN END

ADDRESS_____
STREEET / P.O. BOX / ROUTE

POSITION_____ RATE_____/_____ SUPERVISOR_____
BEGIN END NAME / TITLE

DUTIES / RESPONSIBILITES:_____

_____

_____

NOTE: CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) NEEDS TO BE INCLUDED AS PART OF THIS APPLICATION!

HIGHTEST GRADE COMPLETED: __1-6__7__8__9__10__11__12__12+ HIGH SCHOOL DIPLOMA? YEAR?_____

BUSINESS OR TRADE SCHOOL:_____ DATES ATTENDED:_____

TRAINING CERTIFICATE LICENSE RECEIVED? YES__ NO__ IF SO DESCRIBE:_____

SKILLS (EXAMPLE: TYPING, COMPUTER, WELDING, ECT.)_____

VOLUNTEER WORK:_____

_____

**********EMPLOYABILITY ASSESSMENT PLAN**********

INDICATE THE KIND(S) OR WORK YOU WOULD LIKE TO DO: _____

_____

WHY? _____

ARE YOU WILLING TO GET THE TRAINING AND DEVELOP THE SKILLS NEEDED TO DO THE JOB(S)? YES___ NO___

OCCUPATIONAL GOAL: _____

ACTIVITY TO ACHIEVE GOAL: _____

ACTIVITY / PROVIDER PLANNED ENTRY DATE

SOCIAL SERVICE NEED(S): _____

_____

_____

TRAINING NEED(S): _____

_____

_____

EMPLOYMENT NEED(S): _____

_____

_____

OTHER NEED(S): _____

_____

_____

ESTIMATED ACHIEVEMENT DATE: MONTH _____ YEAR _____

COMMENTS: _____

_____

_____

_____ _____

PARTICIPANTS SIGNATURE DATE JOB DEVELOPER DATE

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