

# Cheyenne & Arapaho Tribes of Oklahoma Workforce Investment Act (WIA)

## *Employment & Training*

Dear Potential Trainee:

Thank you for your interest in the WIA Program. WIA offers two employment and training programs, Try-Out Employment and Work Experience.

Try-Out Employment provides employment for eligible applicants who need basic training to obtain and retain employment. The participant is placed at a work site selected by WIA for eight weeks of training. Participants shall receive minimum wage (\$7.25) per hour for a forty hour work week. The work site may or may not decide to hire the participant upon completion of their training period.

Work Experience provides employment for eligible applicants who currently possess the skills, education, and experience in a familiar field of work. These individuals require little or no supervision and generally understand work site policy and procedure. The participant is placed at a work site selected by WIA for eight weeks of training. Participants shall receive minimum wage (\$7.25) or a comparable wage, should the work site provide a written agreement to hire the participant upon completion of their training. This is and always has been the goal for both programs... to be able to assist the participant with obtaining full-time employment.

All applications **MUST** be complete and the following must be submitted to WIA to complete the application process in determining eligibility. Eligibility must be determined before employment begins.

1. *Complete Application*
2. *C.D.I.B.*
3. *Social Security Card*
4. *Proof of Residency: Current utility bill which reflects the physical address*
5. *Authorization to Release Information (ARI), must be signed by all household members over the age of 18*
6. *Income verification for all family members in the household and/or benefits must be verified (SSI, SSA, GA, TANF, Food Stamps, etc.)*
7. *Verification of high school diploma, GED, or verification to attain GED*

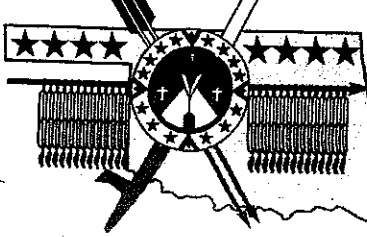
Should an applicant submit their application without the required documents, the applicant will be given a **Documentation Deadline Request**. Should the applicant fail to provide the necessary documents before their mandatory deadline, they will be considered ineligible for services. If you have any questions or need further clarification, please do not hesitate to contact the WIA office at 1-800-247-4612 ext. 27662 or (405) 422-7662.

Respectfully,

WIA Staff

**WORKFORCE INVESTMENT ACT  
(WIA)  
EMPLOYMENT AND TRAINING**

**CHEYENNE & ARAPAHO  
TRIBES**



POST OFFICE BOX 67  
CONCHO, OKLAHOMA 73022  
Phone: 405.422.7662  
1.800.247.4612 Ext. 27662  
Fax: 405.422.8243

- Classroom Training
- Supportive Service
- Work Experience

APPLICATION # \_\_\_\_\_

**W I A APPLICATION**

<b>Name</b> Last _____ First _____ MI _____			<b>Social Security Number</b> _____		<b>Date of Birth</b> Month / Day / Year _____		
<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Selective Service Registrant</b> (If male over age of 18) Yes ___ No ___ If Yes, # _____		<b>Driver's License</b> Number _____ State _____ Expires _____		<b>Marital Status</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>		
<b>Physical Address</b> Street/RR _____ City _____ State _____ Zip _____			<b>Mailing Address</b> P. O. Box _____ City _____ State _____ Zip _____		<b>How long have you lived at current address?</b> _____		
<b>Previous Address</b> P. O. Box # / RR / Street _____ City _____ State _____ Zip _____			<b>Phone Number</b> Area Code _____ Number _____		<b>Cell / Message Number</b> Area Code _____ Number _____		
<b>Emergency Contact Name</b> Last _____ First _____ MI _____				<b>Relationship</b> _____ (Mother, Father, Etc.)		<b>Family Status</b> <input type="checkbox"/> Single Parent (Dependent under 18) <input type="checkbox"/> Single Parent (Dependent over 18) <input type="checkbox"/> Parent in Two-Parent Family <input type="checkbox"/> Other Family Member <input type="checkbox"/> Family of One <input type="checkbox"/> Foster Children	
<b>Address</b> P. O. Box/Street _____ City _____ State _____ Zip _____				<b>Phone Number</b> Area Code _____ Number _____			
<b>Labor Force Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force		<b>Termination/Lay-Off Notice Received</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____		<b>Other Barriers to Employment</b> <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Transferee <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Teenage Parent <input type="checkbox"/> Pregnant Teen <input type="checkbox"/> Homeless			
<b>U. S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race/Ethnic Group</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Native Alaskan/Native Hawaiian <input type="checkbox"/> Other _____		<b>Tribe / Tribal Affiliation</b> _____		<b>Tribal Enrollment Agency</b> _____		
<b>Older Worker (55 &amp; Over)</b> Yes ___ No ___		<b>Disabled</b> Yes ___ No ___		<b>Have you ever participated in the WIA Program? (Formerly JTPA)</b> Yes ___ No ___ When? _____			
<b>Education Status (Check all that apply and provide correct dates)</b>						<b>Veteran</b>	
1. <input type="checkbox"/> Drop Out.....	Last Grade Completed _____	2. <input type="checkbox"/> Student.....	Grade.....	Name of High School _____	Date Received _____	<input type="checkbox"/> Yes	
3. <input type="checkbox"/> GED.....	Currently Enrolled _____	Date of Graduation _____	Location of College _____	Year in College _____	Location of Vo-Tech: _____	<input type="checkbox"/> No	
4. <input type="checkbox"/> High School Graduate.....	Year in College _____	Location of College _____	Year in College _____	Location of Vo-Tech: _____	Location of Vo-Tech: _____		
5. <input type="checkbox"/> College.....	Year in College _____	Location of College _____	Year in College _____	Location of Vo-Tech: _____	Location of Vo-Tech: _____		
6. <input type="checkbox"/> Vocational Training.....	Course.....	Location of Vo-Tech: _____	Course.....	Location of Vo-Tech: _____	Location of Vo-Tech: _____		

<b>Family Income</b> (List ALL family members living with you, including yourself. All family members 18 and older must show income.)				
Name	Age	Relationship	Income (past 6 months)	Income (past 12 months)
		SELF		

<b>WORK HISTORY</b>				
Please list <b>YOUR</b> past work history, beginning with your most recent employment, using a six (6) to twelve (12) month time frame.				
<b>1. Name of Employer</b>			<b>Job Title</b>	
<b>Address</b>			<b>Hrly Wage</b>	<b>Hrs/Week</b>
<b>Start Date</b>	<b>Ending Date</b>	<b>Description of Duties</b>		
<b>Reason for Leaving</b>				

<b>2. Name of Employer</b>			<b>Job Title</b>	
<b>Address</b>			<b>Hrly Wage</b>	<b>Hrs/Week</b>
<b>Start Date</b>	<b>Ending Date</b>	<b>Description of Duties</b>		
<b>Reason for Leaving</b>				

<b>3. Name of Employer</b>			<b>Job Title</b>	
<b>Address</b>			<b>Hrly Wage</b>	<b>Hrs/Week</b>
<b>Start Date</b>	<b>Ending Date</b>	<b>Descriptions of Duties</b>		
<b>Reason for Leaving</b>				

Please list <b>OTHER</b> household member(s), 18 and older, past work history, beginning with most recent; 6-12 month time frame.				
<b>Name of Employer</b>			<b>Job Title</b>	
<b>Address</b>			<b>Hrly Wage</b>	<b>Hrs/Week</b>
<b>Start Date</b>	<b>Ending Date</b>	<b>Description of Duties</b>		
<b>Reason for Leaving</b>				

Public Assistance Status				
Type of Assistance	Yes	No	Amount	How often Received?
General Assistance (GA)				
Social Security (SSI/SSA)				
Veterans Assistance (VA)				
AFDC/TANF				
Child Support				
IIM Account				
Food Stamps				
Commodities				
Employment				

## Certification

I certify that I have reviewed this application and that the information given is true and 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 be asked to provide documents to support this application. I understand that refusal to provide requested information and/or documentation may result in my termination from the program's application process. 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, hereby, allow release of this information for verification purposes and understand that it will be used to determine my eligibility.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

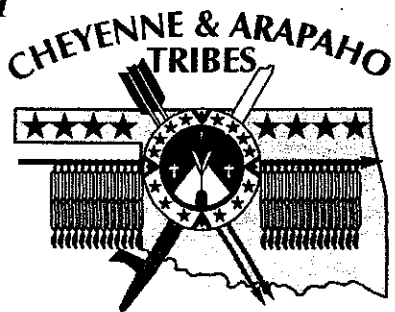
OFFICE USE—DO NOT WRITE BELOW THIS LINE

Authorized WIA Staff: \_\_\_\_\_  
*Signature*
*Title*
*Date*

DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ RE-ASSESS: \_\_\_\_\_

WIA Director: \_\_\_\_\_

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(WIA)  
EMPLOYMENT AND TRAINING**



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**VERIFICATION OF MULTIPLE SERVICES**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

"I have applied for services with the WIA Program. I hereby authorized the following programs/departments or authorized persons to release information requested by WIA for the purpose of determining my eligibility by the guidelines set forth by the Department of Labor."

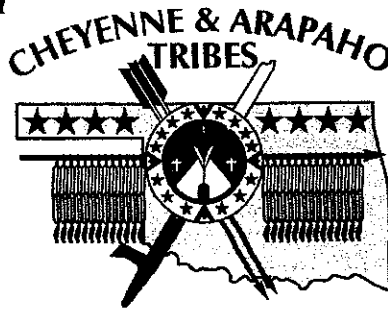
\_\_\_\_\_  
*Applicant's Signature/Date*

**STAFF USE ONLY:**

Has this applicant received services/assistance within the past year? \_\_\_\_\_ to Present

PROGRAM/DEPARTMENT	Received Assistance	Type of Assistance Received	Date Received	Amount Received	Verified By:
Social Services (GA, LIHEAP, Voc. Rehab., etc.)	Y / N			\$	
E O T S (Direct Employment, AVT, etc.)	Y / N			\$	

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**WORKFORCE INVESTMENT ACT ( W I A )  
TITLE I. SECTION 166**

**WORK EXPERIENCE, TRY-OUT EMPLOYMENT, CLASSROOM TRAINING,  
AND SUPPORTIVE SERVICES**

**AUTHORIZATION TO RELEASE INFORMATION (ARI)**

I hereby authorize the Cheyenne & Arapaho Tribes of OK's Workforce Investment Act (W I A) Program be provided all information to substantiate income, benefits, prior work history, present work history, medical history, or other areas named below to determine my eligibility to participate in the WIA Employment and Training Program. It is my understanding that this information is required for inclusion in my personal file, as an applicant, to verify my eligibility for participation in the Cheyenne & Arapaho Tribes' WIA program.

I understand that my records are protected under Federal and State Confidentiality Laws and Regulations, and cannot be released without my written consent. Federal regulation prohibits from making further disclosure without specific written consent of the person to whom it pertains. I also understand that I may revoke this consent, in writing, at any time.. This consent will expire six (6) months from the date of signing.

The requested information is to be used for the following purposes:

---

_____ Signature of Applicant	_____ Social Security #	_____ Date
_____ Signature of Adult in Household	_____ Social Security #	_____ Date
_____ Signature of Adult in Household	_____ Social Security #	_____ Date
_____ Signature of Adult in Household	_____ Social Security #	_____ Date
_____ Signature of Adult in Household	_____ Social Security #	_____ Date

Cheyenne & Arapaho Tribes  
Workforce Investment Act (WIA)

## PARTICIPANT ASSESSMENT

This form contains a participant assessment system. There are no wrong responses to any of the statements. Items should be chosen that apply to you so that you, with the assistance of your counselor, will be able to effectively assess yourself and your situation. Characteristics will reflect your job readiness characteristics, which include interest, aptitude, and skill development.

**BASIC INTEREST** (Please indicate how you feel about working in situations by checking desired blank.)

LIKE	UNCERTAIN	DISLIKE	EMPLOYMENT WITH EQUIPMENT <i>I would like a job . . . . .</i>
_____	_____	_____	... Working with plants and animals.
_____	_____	_____	... Where I do the same thing over and over as in a office or factory
_____	_____	_____	... Working with things or objects.
_____	_____	_____	... Working with equipment or machines.

**APTITUDE** (Please indicate your ability in each area by checking a response.)

GOOD	AVG.	BELOW	
_____	_____	_____	<i>Manual Dexterity</i> – using my hands to handle objects
_____	_____	_____	<i>Finger Dexterity</i> – using my fingers quickly & handing small objects
_____	_____	_____	<i>Eye/Hand/Foot Coordination</i> – using my hands & feet in coordination
_____	_____	_____	<i>Communicate</i> – clearly stating ideas and understanding objectives effectively
_____	_____	_____	<i>Math</i> – understanding basic arithmetic
_____	_____	_____	<i>Motor Coordination</i> – moving my hands quickly with quality performance

**EMPLOYABILITY READINESS** (List your last two (2) jobs and the skills you learned during your employment. Review the statements below regarding past employment and check the one that best describes you.)

Job #1 \_\_\_\_\_ Skills learned \_\_\_\_\_

Job #2 \_\_\_\_\_ Skills learned \_\_\_\_\_

Always (A), Sometimes (S), Never (N)

<b>JOB #1</b>			<b>JOB #2</b>			
A	S	N	A	S	N	
—	—	—	—	—	—	The skill I learned in this job is in demand.
—	—	—	—	—	—	I know this skill well enough to be employed with it.
—	—	—	—	—	—	I enjoyed the work in this job.
—	—	—	—	—	—	I got along with my fellow co-workers.
—	—	—	—	—	—	I got along with my supervisor
—	—	—	—	—	—	I was at work on time every day.
—	—	—	—	—	—	I came to work every day.
—	—	—	—	—	—	I completed the projects I started.

**CAREER OBJECTIVE** (Review your previous assessment information and any date on your application such as education level, work history, etc., then determine and write a small GOAL you wish to obtain based on the information you provided.)

Career Objective: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BARRIERS AND NEEDS** (Which of the following items pose a barrier between you and your career objective? A barrier is defined as “an obstacle that prevents, or anything that blocks or obstructs....”)

**YES / UNDECIDED / NO**

Y___	U___	N___	1.	Age
Y___	U___	N___	2.	Sex
Y___	U___	N___	3.	Race
Y___	U___	N___	4.	Child Care
Y___	U___	N___	5.	Responsibilities at Home
Y___	U___	N___	6.	Diplomas, License, Etc.
Y___	U___	N___	7.	Criminal Record
Y___	U___	N___	8.	Handicap / Health
Y___	U___	N___	9.	Lack of Different Job Shifts
Y___	U___	N___	10.	Job Experiences and References
Y___	U___	N___	11.	Skills Needed for Finding & Applying for a Job
Y___	U___	N___	12.	Lack of Education
Y___	U___	N___	13.	Transportation
Y___	U___	N___	14.	Money to Buy Tools, Uniform(s), Etc.
Y___	U___	N___	15.	Lack of Skill(s)
Y___	U___	N___	16.	Alcohol or Drug Dependence
Y___	U___	N___	17.	Other _____

Any Comments that you would like to add that you feel may help you with your assessment in obtaining employment and training. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TRAINING / SKILLS

**EDUCATION** (Please check the highest level completed.)

\_\_\_\_\_ Less than 7<sup>th</sup> grade  
\_\_\_\_\_ High School (years completed \_\_\_\_\_)  
\_\_\_\_\_ College (years completed \_\_\_\_\_) Major \_\_\_\_\_

**TRAINING** (Please list all vocational technology training.)

Name & Address of Technology Center \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate: ( ) Yes ( ) No

If Yes, Date Completed: \_\_\_\_\_ If No, Length of Training: \_\_\_\_\_

Description of Certificate Received: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving, if incomplete: \_\_\_\_\_

Please list your knowledge, skills, abilities, interests, aptitudes, etc. obtained. (Geared toward short/long term goals): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typing	_____	WPM	_____
Shorthand	_____	WPM	_____
10-Key	_____		
Computer Skills	_____	Type	_____

Please list special licenses, certificates, recognitions or other credentials earned or acquired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_