



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. **Applicant must be adult natives residing within the service area and demonstrate a need for employment services. Applicants must be unemployed or underrepresented in order to receive employment services.** Only those applicants who declare 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:

- ✓ Complete 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. Plus, why the need for the assistance.
- ✓ 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.

Any third party vendor will be paid directly.

Contact Person & Information: Crystal Springer, Education Specialist 335588 E.750 RD,
Perkins, Oklahoma, Phone #: 405-547-2402 Ext. 209



IOWA TRIBE OF OKLAHOMA DIRECT EMPLOYMENT ASSISTANCE APPLICATION

COMPLETE NAME & PHONE NUMBER:	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 Employed: Full Time Part Time
NUMBER OF DEPENDENTS: _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____	In Case of Emergency: 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: \$ _____
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