



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

ADULT VOCATIONAL TRAINING PROGRAM

DIRECT EMPLOYMENT APPLICATION CHECK SHEET

DEAR: _____ DATE: _____

The documents checked below are still needed to complete your file. If you wish to be placed on the active priority list for funding, please submit those documents needed as soon as possible. As positions become available, you will be placed higher up on the waiting list until your application can be considered for funding. If you do not plan to continue with your Direct Employment Application, please contact our office.

NEEDED DOCUMENTS:

- _____ Letter of Hire
- _____ Application
- _____ Verification of Enrollment
- _____ Birth Certificate
- _____ Social Security Card
- _____ Driver's License
- _____ Physical Exam (If Applicable)
- _____ Verification of Residency

If you have any questions or concerns regarding this notice, please feel free to contact our office.

Sincerely,

Career Guidance Counselor

Cc: Applicant File

Post Office Box 151, Fort Road, Toppenish, WA 98948 (509) 865-5121, Ext. 4542, 4540



ADULT VOCATIONAL TRAINING PROGRAM

DIRECT EMPLOYMENT APPLICATION

Number: _____

Applying for: Vocational Training Direct Employment Other _____

New Returning – Date of Previous AVT Award: ____ / ____ / ____ Agency: _____

Name: _____ Social Security No. _____ - _____ - _____

Address: _____ Phone No.: () _____ - _____

Tribe & Number: _____ Date of Birth: ____ / ____ / ____ Veteran: Yes No

Marital Status: M S D/Sep. Number of Dependents Living With You: _____

High School Diploma Date of Grad: ____ / ____ / ____ G.E.D. Date Taken: ____ / ____ / ____

Institution Attending or Job Site: _____

Start Date: ____ / ____ / ____ Completion Date: ____ / ____ / ____ Major: _____

College Grade Completed: _____ Degree Received: _____

Employment History: Please list all previous employment & locations.

1. _____ Date: ____ / ____ / ____ Title: _____
2. _____ Date: ____ / ____ / ____ Title: _____
3. _____ Date: ____ / ____ / ____ Title: _____

Under the Federal Privacy Act of 1974, Federal Agencies cannot release information about you to anybody without your authorization.

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 stat. 208) and P.L. 84-959 (70 stat. 986) as amended by P.L. 88-230 (77 stat. 471.25 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is to evaluate your request and to assist you before and during your training. After completion, or if this application is for Direct Employment, parts or all of the information will be provided to employers for employment consideration.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance.

I have read the above statement. I hereby provide the required information and authorize the use of such information as specified. I also understand that if I unofficially withdraw/separate from training/employment without notification, I will be terminated from the program and be required to refund the assistance I received. I further understand that I must maintain minimum academic and attendance requirements required by the school to complete my training program. I authorize the educational institution/employer to release my grades and any information which would assist in completing vocational training/employment.

Date: ____ / ____ / ____ Signature: _____

OFFICIAL USE ONLY

Initial Repeat - # Services: _____ Eligible Ineligible _____

Approved Disapproved Manager/Counselor: _____



ADULT VOCATIONAL TRAINING PROGRAM

DIRECT EMPLOYMENT ASSISTANCE LETTER OF HIRE: VERIFICATION FROM EMPLOYER

DEAR EMPLOYER,

_____, has applied for Direct Employment Assistance service. He/She may be receiving financial assistance after obtaining and retaining full-time employment status, which is 40 hours per week, and is a job that will last up to one year or more.

In the event that your organization hires him/her, we would appreciate the following information would be provided to this AVT/DE program. To assist program eligibility the following information is needed.

1. Job Title: _____
2. Date Employment Starts: _____
3. Is Job Permanent Full Time (40 Hrs. per week): _____ YES _____ NO
4. Beginning Wage: _____
5. First Payday: _____ 6. First Full Paycheck: _____

Name of Organization

Signature of Employer

Address

Title

City, State, Zip Code

Telephone Number

This information is kept confidential with the exception of numbers 1, 3, & 4, which will be used in submitting statistical information to our Central Office. No other information will be released with out your permission. If you have any questions, please call our office at (509) 865-5121, Ext. 4542 or 4540.

Sincerely,

Career Guidance Counselor

Permission is granted to release the above requested information pertaining to my employment.

Applicant's Signature

_____/_____/_____
Date