Form BIA 8205 Rev 01/2004

U. S. DEPARTMENT OF THE INTERIOR BUREAU OF INDIAN AFFAIRS

OMB No. 1076-0062 Exp. Date08/31/2007 Burden: 30 Minutes

APPLICATION FOR JOB PLACEMENT AND/OR TRAINING ASSISTANCE

INFORMATION RECORD Social Security No							
Name (Last, First, Middle Initial)		Mailing Address:			Date of Birth:		
					Telephone No. ()		
VeteranYesNo	Marital StatusWidowMarriedSingleSeparatedDivor	Explain:		l, non-dependent	Number of Dependents Dependents Children in School		
Services Applying for:Job Placement (JP)Job Training (JT)Other=		Request (Circle) Initial JP Repeat 1 2 3 JT Repeat 1 2		Address:	No		
Education: Highest Gra	de Completed: Schools att	ended	and Date(s):				
Do You have If yes, please Training or a For Training Course No School an	Job Location Desired: ;: o. And Title: d Address:	ld inte	rfere with your training	g or employment			
EMPLOYM	MENT RECORD: (List your three	most	important periods of en	nployment, starti	ng with the most recent.)		
	From: To: Employer Name and Address: ob Title: Description of Duties:						
Reason for	Leaving:						
From: To: Employer Name and Address: Job Title: Description of Duties:							
Reason for	Leaving:						
Job Title:		of Du	ties:				

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TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course, which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the U. S. Government. I understand that if I am eligible for other training funds, such as PELL Grant, etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Bureau of Indian Affairs' personnel. ______ (Initial)

PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT:

Paperwork Reduction Act Notice of 1995 (5 C.F.R. Part 1320): This information is being collected to determine the eligibility for Job Placement & Training services. Response to this request is required to obtain financial assistance. An agency may not collect or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control Number for this collection is 1076-0062.

Burden Estimate Statement: Public reporting burden for this form is estimated to average 30 minutes per response. Send comments regarding the burden estimate or aspects such as utility of information or relatedness to mission of BIA, to Information Collection Clearance Officer, BIA; 625 Herndon Parkway, Herndon, VA 20171.

- 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 a benefit.
- 3. The purpose of this information collection is to determine your eligibility for services.
- 4. The routine use of this information by the BIA and school counselors is to evaluate your request and to assist you before and during your Job Placement & Training activities. After completion of Training, or a Job Placement, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information, and by those persons involved in financial control who need budgeting information contained in the application.
- 5. Failure to provide requested information may result in a delay (or denial) in receiving the training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

(Applicant's Signature)	(Date)	(Interviewer's Signature)	(Date)		
FOR AGENCY USE					
I certify that		IsDegree of Indian	blood, and a member of the		
	Tribe and is/is not eligible f	or training or job placement services. <i>Ind</i>	vidual is serviced by (
Agency) of (Region).				
Recommended by:		Approved:			
	_Title				
(Agency Superintendent)					
If required, Regional Action taken	: Approved	Disapproved D	ate:		
		(Regional Director)			
DISPOSITION OF THIS CASE	:	Training complet	ed on (date)		
Trainee is currently a permanent en	nployee and has remained employee		· · ·		
Earnings: \$PRE-Job	Placement & Training Service	\$POST-Job	Placement &Training Service		
Upon training completion, Trainee r	received;Certificate,Degree	(2yr)			
Trainee dropped out (reason):					

Ruth Solomon, our responses are italicized.

Case worker's Signature and Date

- 1. The common performance measures for adult training programs as specified by OMB Director's Memo M-02-06 include earnings in the first quarter as well as earnings in the third quarter after completion of the training program. Can this information be collected (recommend adding in the Disposition of this Case section, in the For Agency Use Only Part)? The form says annual report because that is the standard the White House insisted on for grants. Also, it is handled that way in 477 for consistency. Aside from that, often the jobs they train for are "seasonal" so may have first quarter but not third quarter; annual captures what is available. The White House also will only use statistics from the state employment offices.
- 2. Recommend rephrasing the last sentence in the Disposition of the Case section to read: "Upon training completion, Trainee received --- Certificate, --- Degree (2yr/4yr/Graduate) etc. *The program is limited to 2 years or less, so no rational for 4yr or graduate.*

On application itself:

1. Why is there a question about "other" marital status? What would BIA expect for "other"? Why does the applicant need to explain this?

We changed that to show others in household who are not dependents; those would be expected to help with living expenses.

- 2. In the "Services applying for" block, recommend deleting the question mark after "other?" and providing a line to fill in what other service/s the applicant is applying for.
- Some of the information will be gathered from the applicant based on answers provided. Also, in talking to the intake worker, applicant can be advised of services not aware of before, such as child care. If this is a 2 page, one-sided form, we could direct them to write on the back.
- 3. Is the applicant expected to fill in which "Agency" and "Region" is involved here? Could this cell be moved to the "For Agency Use" part and be filled in by the agency?

See change made; we put in a sentence in "For Agency Only" and removed that cell, giving more space to the others.

- 4. Under Education and Employment Record, could there be an instruction to begin with the most recent schooling/employment? We added a phrase asking them to start with the most recent of their three important jobs; this gives them a chance to pick out the jobs that are of value in developing a training plan for them.
- 5. Recommend providing blank lines in all of the cells to make it easier for the applicants to fill in the needed information. It would be easy to create a really messy form unless it were never reproduced; i.e., printed off the computer each time. That is highly unlikely. Here, again, if form is not printed back to back with instructions on reverse, the back of the form could be used.