

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

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. ()

Veteran ___ Yes ___ No	Marital Status ___ Married ___ Separated	___ Widowed ___ Single ___ Divorced	___ Others in Household, non-dependent Explain: _____	Number of Dependents Dependents _____ Children in School _____
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Services Applying for: ___ Job Placement (JP) ___ Job Training (JT) ___ ___ Other: _____	Request (Circle) Initial _____ JP Repeat 1 2 3 JT Repeat 1 2	In Case of Emergency Name: _____ Address: _____ Telephone No. _____
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Education:
Highest Grade Completed: _____ Schools attended and Date(s): _____

Type of Training or kind of Job you are interested in: _____
 Do You have any physical limitations that would interfere with your training or employment? Yes ___ No ___
 If yes, please explain _____
 Training or Job Location Desired: _____
 For Training:
 Course No. And Title: _____
 School and Address: _____
 Do you have income from any source? Yes ___ No ___ If yes, please explain _____

EMPLOYMENT RECORD: (List your three most important periods of employment, starting with the most recent.)

From: _____ To: _____ Employer Name and Address: _____
 Job Title: _____ Description of Duties: _____
 Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address: _____
 Job Title: _____ Description of Duties: _____
 Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address: _____
 Job Title: _____ Description of Duties: _____
 Reason for Leaving: _____

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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, 1849 C Street, NW, MS-4141, Washington, DC 20240.

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 _____ Is _____ Degree of Indian blood, and a member of the _____ Tribe and is/is not eligible for training or job placement services. *Individual is serviced by (Agency) of (Region).*

Recommended by: _____ Title _____
(Agency Superintendent)

Approved: _____

If required, Regional Action taken: Approved _____ Disapproved _____ Date: _____
(Regional Director) _____

DISPOSITION OF THIS CASE:

Training completed on (date _____)

Trainee is currently a permanent employee and has remained employed for at least 90 days YES/NO.

Earnings: \$ _____ PRE-Job Placement & Training Service \$ _____ POST-Job Placement & Training Service

Upon training completion, Trainee received; ___ Certificate, ___ Degree (2yr)

___ Trainee dropped out (reason): _____

Case worker's Signature and Date