

**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:

This information is being collected to determine the eligibility for Job Placement & Training services. Response to this request is required to obtain financial assistance. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to review instructions, gather and maintain the data needed, and complete the form. In compliance with the Paperwork Reduction Act of 1995, as amended, this collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: Information Collection Clearance Officer, Office of Regulatory Affairs – Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104 Please note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state that prominently at the beginning of your comment. We will honor your request to the extent allowable by law. The information is covered by INTERIOR/BIA-8 (76 FR 56787) and INTERIOR/BIA-23 (55 FR 34087).

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: _____

(Agency Superintendent) Title _____

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