



Health & Human Services
1000 Wiyot Dr., Loleta, CA 95551
Phone: 707-733-5055
Fax: 707-733-5601

WIYOT TRIBE JOB TRAINING OR EMPLOYMENT ASSISTANCE

This fund is to help support our Tribal Members in their job/vocational training goals.

The amount of awarded funds is dependent on the number of accepted applications. The Wiyot Tribe, as the administrator of these funds, has the right to deny applications based on application completion and need.

Accepted use of awards towards or while attending a job/vocational training program: tuition; transportation; food and drink; personal appearance items (clothing, uniform, shoes, hygiene); housing and housewares; reasonable shipment of household goods; childcare; emergency needs; job placement costs; and professional job counseling.

Misuse of the funds outside of these purposes may deny you future acceptance and may also include repayment back to the US Government.

To Apply:

- 1) Provide proof of Tribal Enrollment. Copy of Tribal ID card/role number.
- 2) Proof of Enrollment in a Vocational Training program - This could be a receipt of fees or other proof that you are currently enrolled in a vocational/job training program which does not exceed 2 years, as long as you demonstrate adequate progress. A one-year extension may be granted for registered nurse training.
- 3) Complete the Application – Fill in all information.

Return the application to the Health & Human Services Department.

Contact us at (707) 733-5055 for any questions concerning this application.

Any changes in your program schedule must be immediately reported (within ten days), and a copy of your progress reports must be submitted to the office.

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

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

Tribal ID No. _____ Social Security No. _____

INFORMATION RECORD

This is a new mailing address, please update my enrollment record.

Name (Last, First, Middle Initial)	Mailing Address:	Date of Birth:
	Telephone No. ()	

Veteran **Marital Status** **Number of Dependents**
 Yes Single _____ Married _____ Widowed Dependents _____
 No Divorced _____ Separated Children in School _____

Applying for **Request** **Agency** **In Case of Emergency**
Vocational Training _____ Initial _____ Name: _____
Direct Employment _____ Repeat 1 2 3 Region: _____
Other _____ (Circle) Address: _____
Telephone No. _____

Education:
Highest Grade Completed: _____ Schools attended and Date(s): _____

Type of Training or employment you are interested in: _____
Do you have any physical limitations that would interfere with your training or employment? Yes No
If yes, please explain _____
Have you had previous training? Yes No
If yes, please explain _____
Training or Employment 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.)

From: _____ To: _____ Employer Name and Address: _____
Job Title: _____ Description and Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address: _____
Job Title: _____ Description and Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address: _____
Job Title: _____ Description and Duties: _____

Reason for Leaving: _____

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 Basic Educational Opportunity Grants (BEOG), 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)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

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 by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Director Employment, 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 people 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 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 Signature) _____ (Date)

_____ (Interviewer Signature) _____ (Date)

FOR AGENCY USE

I certify that _____ is/is not a member
of the _____ tribe and is/is not eligible for training or employment
assistance services.

Recommended by: _____ Approved: _____
(HHS Director)

Title: _____

If required, Administration Action taken: Approved _____ Disapproved _____ Date: _____

_____ (Tribal Administrator)

Paperwork Reduction Act Notice of 1995 (5 C.F.R. Part 1320). This information is being collected to determine the eligibility for vocational training. Response to this request is required to obtain financial assistance services. A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Burden Estimate Statement: Public reporting burden for this form is estimated to average 30 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Indian Affairs, 1849 C Street, NW, Washington, D.C. 20240, and the Office of Management and Budget, Paperwork Reduction Project, Washington, D. C. 20503.