

Comanche Nation Higher Education Job Placement & Training Program

Direct Employment Application

The Direct Employment Program is designated for tribal members who have obtained NEW, PERMANENT EMPLOYMENT and has NOT received a first full paycheck.

Applicants must meet all eligibility requirements and provide the requested documents in order to be considered for assistance through Direct Employment program.



Comanche Nation Higher Education
P.O. Box 908 Lawton, OK 73502
Office: 580.699.7218 **Fax:** 580.492.4017
Email: highered@comanchenation.com

Comanche Nation Higher Education Direct Employment Eligibility Requirements

- Must be enrolled member of the Comanche Tribe and have a Certificate Degree of Indian Blood (CDIB) card.
- Must be at least 18 years old.
- Employment **must** be **PERMANENT**. (Expected to last 12 months or longer.)
- Applications will be denied if applicant has applied for the Direct Employment Program within the last six (6) months.
- Applications will also be denied if the applicant has applied within the last six (6) months.
- Has not received assistance from the Direct Employment Program within the past three years.

ALL documents below are required before your application will be accepted:

- Birth certificate (If you have dependents under 18, their birth certificate(s) must also be provided.)
- Social Security Card
- A **CURRENT** photo ID.
- CDIB Card
- Address verification. Please provide a utility bill, lease agreement, or piece of mail that has a postmark. ***Address must match what is listed on the application.**
- **If applying for relocation, must provide proof of residence for old and new address.**
- High school diploma, transcript, or GED certification.
- Letter of Employment. This **must** be filled out by your employer. A contact number will also need to be provided.
- Notarized consent for release of information form (p.7) This form must be notarized and stamped by a Notary Public. Your application will not be accepted without it.
- CDIB Request Form (p. 8)
- 1A-ISP Form (p. 9)
- 2A-IDP Form (p. 10)

PLEASE NOTE: ALL DOCUMENTS MUST BE COMPLETE AND TURNED IN WITH THE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE HELD.

COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT APPLICATION

APPLICANT INFORMATION:	PLEASE PRINT
Name: _____	Tribal Roll Number: _____
Address: _____ _____	SSN: _____
Email: _____	Date of Birth: _____
	Phone number: _____

HOUSEHOLD INFORMATION:	PLEASE PRINT															
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Do you have proof of marital status? _____																
Children residing in your household: <input type="checkbox"/> Yes <input type="checkbox"/> No Total under the age of 18 _____																
List members of household or dependents:																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">NAME</th> <th style="width:30%;">RELATIONSHIP</th> <th style="width:25%;">AGE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	RELATIONSHIP	AGE												
NAME	RELATIONSHIP	AGE														
Head of Household – Name: _____	Occupation: _____															
Spouse: _____	Occupation: _____															

Signature of Applicant

Date

FOR HIGHER EDUCATION OFFICE USE ONLY:	
<input type="checkbox"/> Birth Certificates <input type="checkbox"/> Social Security Card <input type="checkbox"/> Current Photo ID <input type="checkbox"/> CDIB <input type="checkbox"/> High School Diploma/GED Certificate <input type="checkbox"/> Letter of Employment	<input type="checkbox"/> Address Verification <input type="checkbox"/> Notarized Consent <input type="checkbox"/> CDIB Request Form <input type="checkbox"/> 1A-ISP Form <input type="checkbox"/> 2A-IDP Form\

COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT APPLICATION

PREVIOUS EMPLOYMENT (most recent place of employment):	PLEASE PRINT
Name of employer: _____	
Address: _____	
Rate of Pay: Start \$ _____ End \$ _____ Job Title: _____	
Dates worked: start date: _____ end date: _____	
Description of Duties: _____ Reason for Leaving: _____	

SELECTIVE SERVICE/MILITARY SERVICE: (Males Only)	PLEASE PRINT
Selective Service Number: _____	Registration Date: _____
Date of Birth: _____	SSN: _____
Military Serial Number: _____	Date of Discharge: _____
Do you have a service connected disability of 10% or more: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe military duties that were assigned: _____	

Signature of Applicant

Date

**COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT APPLICATION**

This agreement, entered on _____, between the Comanche Nation
(Date)
Direct Employment Program and _____:
(Client Name)

WITNESSED THAT:

- I. The participant will begin employment on ____/____/____, and receive their first full paycheck on ____/____/____. This agreement will cease any responsibility for funding if eligibility is not determined before the first full pay check is received.

- II. It is the responsibility of the applicant to turn in completed application and all documents needed for processing, well in advance in ensure adequate time for application processing. Applications will not be processed for funding until all required documents have been received by the Comanche Nation Higher Education Office and the application has been approved by the Comanche Nation Higher Education Director.

- III. The participant agrees to use the funding provided by the Direct Employment Program in an appropriate matter to enhance their job position, performance and responsibilities.

Signature of Applicant

Date

PRIVACY STATEMENT: *The Family educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g: 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to recipients that receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. In accordance with this, the Comanche Nation Higher Education department will only discuss student information with the student applying for assistance.*

Signature of Applicant

Date

COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT CONSENT FOR RELEASE OF INFORMATION

ONLY ACCEPTED WHEN NOTARIZED

FOR HIGHER EDUCATION OFFICE USE ONLY:	
TO: _____	DATE: _____

I GIVE MY PERMISSION TO RELEASE INFORMATION TO:

COMANCHE NATION HIGHER EDUCATION
JOB PLACEMENT AND TRAINING PROGRAM
P.O. BOX 908
LAWTON, OK, 73502

PRINT FULL NAME

DATE

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

Subscribed and sworn to before me on this _____ day of _____ 20____.	
My commission expires: _____	
_____	[SEAL]
Notary Public	

LETTER OF EMPLOYMENT

To be completed by the employer

Please return this document to the Comanche Nation Higher Education Office via email OR fax to highered@comanchenation.com or 580-492-4017. If you have questions regarding this document please contact our office at 580-699-7218.

Employer: _____

Address: _____

City, state & zip code: _____

Employment Verification

Employee: _____

Starting date: _____

Starting wage: _____

Job Title: _____

How often paid (weekly, bi-weekly, monthly, etc.): _____

Date to receive first full paycheck: _____

Full-time or Part-time position: _____

Permanent or Temporary Position: _____

Today's date: _____

I, affirm that the information regarding applicant is accurate and true to the best of my knowledge and belief. I understand that the information on this document is subject to screening in accordance with the Education Assistance Act (Public Law 93-638, 88 §2203).

Employer Representative Name & Title

Contact Phone Number

Comanche Nation Direct Employment Program Individual Self-Sufficiency Plan (ISP)

Applicant Name: _____ SSN: _____

Please check one of the following:

<input type="checkbox"/> Adult Vocational Training-Long Term	<input type="checkbox"/> Direct Employment	<input type="checkbox"/> Short-Term Training
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Have you received previous assistance through Higher Education? _____ Yes _____ No

IF yes, what type of assistance and when?

Applicant Case Plan

1. What does the applicant need to do to obtain job skills and/or retain a job leading to self-sufficiency?

- A. Employment Search
- B. Public Assistance (specify) _____
- C. Medical Treatment
- D. Education/Training (specify) _____
- E. Vocational Rehabilitation
- F. Other (specify) _____

2. What obstacles exist that prevent applicant from seeking training or permanent employment?

- A. Overcrowded Residence
- B. Substance Abuse
- C. Transportation Problems
- D. Childcare Problems
- E. Financial need (specify) _____
- F. Other (specify) _____

Self-Assessment

1. **Job Readiness:** (List all work experience and job training obtained)

2. **Education** (List all skills, training, workshops, or applicable classes obtained)

3. **List support services needed and reasons:** (i.e. Childcare-daycare, Social Services-utility)

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 § 2203).

Signature of Applicant

Date

Signature of JP&T Specialist

Date

Comanche Nation Direct Employment Program Individual Development Plan (IDP)

Applicant Name: _____ SSN: _____

Please check one of the following:

<input type="checkbox"/> Adult Vocational Training-Long Term	<input type="checkbox"/> Direct Employment	<input type="checkbox"/> Short-Term Training
--	--	--

1. Targeted Career/Training Goals: _____

2. Reasons for Preparing IDP: _____

3. Strategies for success: _____

4. Remarks/Other (if applicable): _____

Service Needed (Financial, tuition, books, supplies, etc.)	Program Activity (Work or school)	Training Source (name of employer/school)	Estimated Cost	Date Started (1 st day of work or school)	Date Completed (Graduation date)	Additional Remarks

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assistance Act (Public Law 93-638, 88 § 2203).

Signature of Applicant

Date

Signature of JP&T Specialist

Date

Certificate of Degree of Indian Blood (CDIB) Request Form

Dear **APPLICANT**:

To complete your CDIB requirement, please fill out this form AND provide a copy of your CDIB card. Please fill out to the best of your knowledge, sign, and send form to:

COMANCHE NATION
ENROLLMENT OFFICE
P.O. BOX 908
LAWTON, OK 73502

OR

You may submit your form to our office and we will forward this form to the Office of Enrollment.

The Comanche Nation Office of Higher Education is requesting a CDIB for all applicants applying for services.

The following information is herewith submitted:

NAME: _____ ROLL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SSN: _____

SPOUSE'S NAME: _____ ROLL: _____

FATHER'S NAME: _____ ROLL: _____

MOTHER'S NAME: _____ ROLL: _____

MOTHER'S MAIDEN NAME: _____

SIGNATURE: _____ DATE: _____

FOR ENROLLMENT OFFICE USE ONLY:

Please sign to verify the information provided is true and correct. Thank you.

SIGNATURE: _____ DATE: _____