

Comanche Nation Workforce

Please Understand: All of these Documents are required before your application will be accepted. We will not hold incomplete apps.

- ✓ Picture ID
- ✓ CDIB
- ✓ Social Security Card – or SSA letter to verify your SSN#
- ✓ Proof of Income (or signed letter from supporter)
- ✓ Proof of Residency (utility bill, letter addressed to you, etc.)
- ✓ Proof of Public Assistance (food stamp card / SSI letter, etc.)

RESUME

| | | | |
|--|-------------------------|-------------------------|---------------------------------------|
| NAME | | | |
| FULL ADDRESS (Street address, town, zip) | | | |
| Phone Numbers | | Home | Cell |
| JOB SKILLS ----->> | | | |
| WORK HISTORY DATES | Job Title | Company Town, State | Reason for Leaving |
| | | | |
| WORK HISTORY DATES | Job Title | Company Town, State | Reason for Leaving |
| | | | |
| WORK HISTORY DATES | Job Title | Company Town, State | Reason for Leaving |
| | | | |
| | | | |
| EDUCATIONAL YEARS | Diploma Or GED | High School Attended | Date of Graduation |
| | | | |
| YEARS/MONTHS ATTENDED | College/University | Name of School Attended | Subjects Studied |
| | | | |
| YEARS/MONTHS ATTENDED | Vo-Tech or Trade School | Name of School Attended | Type of Training Certificate Received |
| | | | |

TRIBAL GOVERNANCE AND ACCOUNTABILITY APPLICATION

1. Have you ever overspent a tribal council budget line item without proper resolution? Yes No
2. Have you ever moved a tribal council budget line item without proper resolution? Yes No
3. Have you ever borrowed from a tribal council budget line item without tribal council consent? Yes No
4. Have you ever used a tribal council budget line item for collateral without tribal council consent? Yes No
5. Have you ever removed any Comanche Nation member on the established membership roll? Yes No
6. Have you ever added any Comanche Nation member without following Constitution Article 3? Yes No
7. Have you ever ignored or impeded a direct order of the voting supreme power of the tribal council? Yes No
8. Have you ever filed lawsuit on the Comanche Nation for personal monetary gain? Yes No
9. Have you ever assisted or helped non Comanche Nation members that file lawsuit on the Nation? Yes No
10. Have you ever defaulted on loans, charge accounts, mortgages, payroll advances, or drawdowns from the Comanche Nation? Yes No
11. Have you ever been under investigation for misappropriation, fraud, kickbacks, theft, perjury, and any other investigated crimes against the Comanche Nation Government and all other entities? Yes No
12. Have you ever signed "sole source" contracts without Business Committee (legal quorum) documented approval be it memorandum or appropriate resolution? Yes No

| If you answered "Yes" for any of the above questions in this section, provide the appropriate information below. | | | | | |
|--|------------|----------------|--------|----------------------------|---|
| Question # | Month/Year | Type of Action | Amount | Name Action Occurred Under | Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case |
| | | | | | |
| | | | | | |



THE COMANCHE NATION
584 NW BINGO RD.
LAWTON, OK 73502
(580) 492-3345

Rev 2/1/17

1 DATE OF INTAKE

2 SOCIAL SECURITY _____ 3 GENDER (Circle One) MALE FEMALE 4 BIRTHDAY _____ 5 AGE _____ 6 LAST NAME _____ FIRST _____ MIDDLE _____ 7 PHONE NUMBER # _____

8 MARITAL STATUS (circle one)
1. Single
2. Married
3. Divorced
4. Widowed
5. Separated
6. Common law

9 EDUCATIONAL STATUS (circle one)
1. In School, H.S. or less
2. In-School, Post H.S.
3. Not attending school, H.S. Graduate
4. Not attending school, H.S. Dropout
5. Other

10 SCHOOL ATTENDANCE (circle one)
1. Full-Time
2. Part-time
3. Not Attending school

11 TYPE OF SCHOOL (circle one)
1. Elementary
2. Secondary
3. Trade/Tech/Voc.
4. Jr/Community College
5. Four Year University
6. Not Applicable

12 Last Grade Completed

13 PRESENT EMPLOYMENT STATUS (CIRCLE ONE)
1. Employed
A. Employed Full-Time
B. Employed Part-Time
C. Underemployed
D. In need of services to be Self-Sufficient
2. Employed but received termination of employment or military separation
3. Unemployed. Employment sought within the last 28 days? [No] [Yes]
LAST DAY WORKED _____

14 STREET ADDRESS (RESIDENCE) _____ ZIP CODE _____

CITY _____ STATE _____

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE) _____ CITY _____ STATE _____ ZIP CODE _____

15 U.S. CITIZENSHIP (circle one)
1. Citizen
2. Eligible Non-Citizen
3. Non-Eligible Non-citizen

16 CULTURAL IDENTIFICATION (circle one)
1. American Indian
2. Alaska Native
3. Native Hawaiian

17 TRIBAL MEMBERSHIP (circle one)
1. YES-TRIBAL AFFILIATION
2. NO
3. NOT KNOWN

18 VETERANS PREFERENCE (circle one)
1. Less than or equal to 180 days
2. Eligible Veteran
3. Other Eligible Person
4. Not a Veteran

19 SELECTIVE SERVICE REGISTRANT (circle one)
1. Yes
2. No
3. Exempt
4. Not Required to Register
5. Beyond Registration age; Failure to Register Unintentional

20 PUBLIC ASSISTANCE (circle ALL that apply)
1. GA/BIA
2. TANF
3. SSI/SSA/SSDI
4. Food Stamps
5. Foster Child Payments
6. TWEF
7. Food Commodities
8. Veteran Benefits
9. None

21 FAMILY INCOME LEVEL (circle ALL that apply)
1. At or Below HHS
2. At or Below 70% of LLSIL
3. Above HHS
4. Above 70% of the LLSIL

22 BARRIERS TO EMPLOYMENT (circle all that apply)
1. Basic Skills Deficient
2. Low Income
3. Unemployed 6+ Mo.
4. Offender/Criminal Justice
5. Single Head Of Household
6. Pregnant/Parenting Teen
7. Limited English Proficiency
8. Individual with Disability
9. Poor Work History
10. Basic Skills Deficient
11. Homeless
12. Displaced Homemaker
13. School Drop-Out
14. Runaway
15. Youth Additional Asst.
16. Welfare Recipient
17. Learning Disability
18. Not Applicable

| 23 EMPLOYMENT HISTORY (26 WEEKS PRE-PROGRAM - CURRENT/LAST JOB FIRST) | FROM | TO | JOB TITLE | HOURLY WAGE | HOURS PER WEEK | REASON FOR LEAVING |
|---|-----------|-----------|-----------|-------------|----------------|--------------------|
| (Enter the employer's name, address, zip code and telephone number) | Mo/Day/Yr | Mo/Day/Yr | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

24 DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION?
NAME: _____ RELATIONSHIP: _____
NAME: _____ RELATIONSHIP: _____
NAME: _____ RELATIONSHIP: _____

25 PRIOR PROGRAM PARTICIPATION
INDICATE PRIOR CNW PROGRAM PARTICIPATION (circle one): 1. NOT APPLICABLE 2. PRIOR PARTICIPANT
PROGRAM YEAR OF THE MOST RECENT PARTICIPATION: _____ PROGRAM: _____

| 26 FAMILY MEMBERS - List the name(s) of all the applicant's family member(s) LIVING in the home and their relationship. | | 27 FAMILY INCOME LIST THE FAMILY | | INCOME SOURCE | | INCOME LAST 6 MONTHS | | 28 Person in Family/household | | Poverty guideline | |
|---|--------------|------------------------------------|------|---------------|--|----------------------|--|--|----------------|-------------------|-----------|
| NAME | RELATIONSHIP | | | | | | | | | | |
| 1. | | 1. | SELF | | | | | 1 | | \$12,060 | |
| 2. | | 2. | | | | | | 2 | | \$16,240 | |
| 3. | | 3. | | | | | | 3 | | \$20,420 | |
| 4. | | 4. | | | | | | 4 | | \$24,600 | |
| 5. | | 5. | | | | | | 5 | | \$28,780 | |
| 6. | | 6. | | | | | | 6 | | \$32,960 | |
| 7. | | 7. | | | | | | 7 | | \$37,140 | |
| 8. | | TOTAL INCOME FOR THE LAST 6 MONTHS | | | | | | 8 | | \$41,320 | |
| 9. | | FAMILY SIZE IN THE LAST 6 MONTHS | | | | | | Complete if more than 8 people in your family. | | | |
| 10. | | | | | | | | Family Size | HHS Guidelines | 70%LSL | Non-Metro |

29 CERTIFICATION STATEMENT

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this intake. It has been explained to and I understand that:

- (1) Information collected on the Intake Record will be entered and stored in the Comanche Nation Workforce Bear Tracks Data Collection system located at the CN Workforce Office at 584 NW Bingo Rd., Lawton, Oklahoma. All or part of the information provided may be shared with the Department of Labor for program performance measurements. I also understand that the information recorded on the Intake Record will be protected in accordance with the Privacy Act.
- (2) Misstatements or misrepresentations on my part in these or other related forms may be cause for dismissal and possible actions for the collection of any payments received by me. Anyone who makes a false statement or misrepresentation of facts in an application for determination of program eligibility may be committing a crime punishable by law and maybe fined or put in jail for fraud and/or perjury.
- (3) Should I be deemed ineligible for workforce development by the official verification process, I agree to immediately relinquish Workforce Development funded employment training and I may be liable for all payments made to me and on my behalf while enrolled in the Workforce Development program

I hereby authorize the sharing of this information with other CNW programs and their partner agencies if needed. I further understand that eligibility is not a guarantee of program services.

| | | | | | |
|--|----------------------------|------|---|---------------------|------|
| 30 ELIGIBLE FOR (circle ALL THAT APPLY) 1. CNG 2. WIOA 3. NEW 4. SYSP 5. INELIGIBLE | 31 APPLICANTS SIGNATURE: | DATE | 32 CERTIFICATION OF PROGRAM ELIBILITY (circle all that apply) 1.CNG 2.WIOA 3.NEW 4.SYSP 5.INELIGIBLE | CERTIFIER SIGNATURE | DATE |
| | PARENT/GUARDIAN SIGNATURE: | DATE | | REVIEWER SIGNATURE | DATE |
| | INTERVIEWER SIGNATURE: | DATE | | | |