



Comanche Nation Workforce (W.I.O.A.)

EMPLOYABILITY ENHANCEMENT APPLICATION

CNG

*Employability Enhancement services are available to **current** full-time & part-time, permanently employed adult clients and/or **newly** full-time & part-time, permanently employed adult clients, 18 years of age or older, who require financial assistance with car repairs (up to \$1,000.00), public transportation, license reinstatement/renewal or occupational license fees (up to \$500.00) needed to maintain or retain their employment. Amount awarded per participant will depend on assistance being requested. Service provided once per year (Even if new employment is acquired several times throughout the year). Self-employed clients can be assisted but will need to submit additional paperwork and provide additional documentation of company or business. Temp. Agency Workers, Short-Term Contractors, Subcontractors, Caretakers/Caregivers, and Seasonal, Temporary, and Transferred Employees will not be eligible.*

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

- ⇒ Picture Identification (preferably State ID or Driver's License)
- ⇒ Proof of Tribal Enrollment (preferably CDIB Card or CDIB Letter)
- ⇒ Social Security Card (SS# on CDIB Letters or CDIB Cards will not be accepted)
- ⇒ Official Business Quote/Invoice (For car repairs only; non-cosmetic; If car repairs are fixed PRIOR to submission of an application, we will not accept application per new Workforce Guidelines.)



Revised: 5/7/2022



PERSONAL INFORMATION (Please print)

Social Security Number: _____

Name: _____
Last First Middle Initial

Maiden Name: _____ Alias/Other Names Used: _____

Address: _____ City: _____

Zip Code: _____ State: _____ County: _____

Telephone Number: _____ Email: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Are you a U.S. Citizen? Yes No Are you a Veteran or Spouse of a Veteran? Yes No

If you are male, are you registered with Selective Service? Yes No

Have you received assistance recently from another **State** department/program/agency? Yes No

Are you a current Tribal Employee? Yes No

If yes, what department: _____

Are you Native American, Alaska Native or Native Hawaiian? Yes No

Tribal Affiliation: _____ Tribal ID# _____

Have you received assistance recently from another **Tribal** department/program/agency? Yes No What Date: _____

If yes, what service(s): _____

Workforce Departmental service being requested? Supportive Service Employability Enhancement

Employment Status (check all that apply): EMPLOYED

Full-Time Part-Time Permanent Position Temporary Position Seasonal Position

Educational Status: Circle the highest grade you have completed. Credential Attainment: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Public Assistance: Are you currently receiving public assistance? Yes No

TANF GA SSI Food Stamps Food Distribution Program Other: _____

SS & EE Needs: Briefly explain what assistance you are needing from Comanche Nation Workforce.

Signature _____

Date _____



TRIBAL GOVERNANCE & ACCOUNTABILITY ACT - RESOLUTION NO. 0107-08

Please circle "YES" or "NO" for the following questions:

- | | | |
|--|-----|----|
| (1) Have you overspent a tribal council budget line item without proper resolution? | YES | NO |
| (2) Have you 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 a lawsuit on the Comanche Nation for personal monetary gain? | YES | NO |
| (9) Have you ever assisted or helped non-Comanche Nation members that filed a 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 Comanche 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 Obligee and/or Name of Court or Agency handling case]

"I hereby confirm and attest that every answer provided is accurate and honest to the best of my ability and knowledge. I understand that my answers will be used as part of an Accountability Act Background Check, if questionable."

Applicant Name (Print): _____

Applicant Signature: _____ Date Signed: _____



AUTHORIZATION TO RELEASE INFORMATION

I, _____, **authorize** the release of my personal and/or business-related information for employment verification purposes and/or program assistance to the named department/program listed below:

Name: Comanche Nation Workforce
Address: P.O. Box 908
City: Lawton State: OK Zip Code: 73502
Fax: 580-492-3770

This request and authorization also apply to and/or release of: (check all that apply)

- Tribal Related Records
- Employment Records
- Copies of Personal Information
- Education Records
- Financial Records
- Public Assistance Information

- Other: (Please list any other items not specified above)

I, _____, **do not authorize** the release of my personal and/or business-related information to any department, program, organization, and/or business of any kind.

Applicant Signature: _____ Date Signed: _____





JOB VERIFICATION FORM

OFFICE: (580) 492-3257 FAX: (580) 492-3770

BUSINESS INFORMATION: (Client Use Only)

BUSINESS NAME: _____

BUSINESS SUPERVISOR: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____

BUSINESS EMAIL: _____

VERIFIED INFORMATION: (Office Use Only)

1. Date Employment Verified: _____

2. Employee's Full Name: _____

3. Starting Date: _____

4. Current Pay Rate: _____

5. Job Title: _____

6. Date of First Pay Check: _____

7. Payment Schedule: Weekly Bi-Weekly Monthly Yearly

8. Full-Time Position: YES NO

9. Part-Time Position: YES NO

10. Length of Position: Seasonal Temporary Permanent

By my signature, I affirm that the information about this 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 Comanche Nation Workforce CNG Guidelines, Resolution No. 20-19, effective January 1st, 2019.

Workforce Staff Name: _____ Date: _____



**COMANCHE NATION
WORKFORCE**
"WHERE BUSINESS AND OPPORTUNITIES MEET."

Individual Plan of Service (IPS)

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Mailing Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Tribal Enrollment No.: _____ Social Security No.: _____ Date of Birth: _____

Service(s) Applying For (circle one):

Supportive Service (SS) Employability Enhancement (EE) Both (SS & EE)

Assistance Requested (circle one pertaining to the service):

Work Attire (SS) Work Tools (SS) Car Repairs (EE) License Reinstatement (EE)

License Renewal (EE) Occupational License Renewal (EE) Public Transportation (EE)

Client Signature: _____ Date: _____

By completing this form, you are requesting services for either the Supportive Service program or the Employability Enhancement program or both, depending on your current situation, current employability, and if you qualify for the service. Please keep in mind that current WIOA CNG Guidelines will be enforced and followed.

OFFICE USE ONLY:

Funding Source: CNG 0100

Amount Specified: _____

RQ Date: _____ RQ #: _____ Line Item: _____

If an EE, make payable to: _____

Workforce Service Provider Signature: _____ Date: _____

Workforce Director Signature (Approval): _____ Date: _____