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

EMPLOYABILITY ENHANCEMENT APPLICATION

CNG

*Employability Enhancement services are available to **current** full-time, permanently employed adult clients and/or **newly** employed adult clients, 18 years of age or older, who require financial assistance with car repairs, public transportation, license reinstatement/renewal or occupational license fees needed to maintain or retain their employment. Amount awarded per participant will be up to $300.00. 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 (less than 1 year), Caretakers/Caregivers, 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 (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)

COMANCHE NATION WORKFORCE

"WHERE BUSINESS AND OPPORTUNITIES MEET."

Revised: 6/21/2021

COMANCHE NATION WORKFORCE

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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/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: _____

Revised & Updated: 4/5/2021

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: _____

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Revised & Updated: 3/15/2021

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JOB VERIFICATION FORM

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

BUSINESS INFORMATION: (Client Use Only)

BUSINESS NAME: _____

BUSINESS SUPERVISOR: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____

VERIFIED INFORMATION: (Office Use Only)

1. **Date Verified:** _____
2. **Employee's Full Name:** _____
3. **Starting Date:** _____
4. **Starting Wage:** _____
5. **Job Title:** _____
6. **Paid Weekly, Bi-weekly, etc.:** _____
7. **Date to receive first pay check:** _____
8. **Full-Time Position:** **YES** **NO**
9. **Permanent Position:** **YES** **NO**

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 **Title** **Date**

Revised & Edited: 3/29/2021

COMANCHE NATION
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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:** _____