



WORK EXPERIENCE APPLICATION

CNG

*The Work Experience program provides **unemployed** adult clients (18 years of age or older) an opportunity to receive employability training by placing applicants with an employer in the private or public sector. Clients are placed according to educational background, job experience, and career interest for an 8-week period (up to 40 hours per week) and receive a minimum pay rate of \$10.00 per hour. Each client is required to attend a 1-day training course provided by CN Workforce while participating in the program. The goal of the Work Experience program is to assist clients in obtaining unsubsidized employment.*

Required Documents:

- Picture Identification (State ID or Birth Certificate)
- Proof of Tribal Enrollment (CDIB Card or Letter)
- Social Security Card
- Personal/Professional Resume (**Required: Typed Resume**)
- Proof of Educational Background if applicable:
 - GED Certificate
 - High School Diploma
 - College Transcript
 - Diploma
- Must be able to submit and pass Drug Testing

PHONE: 580.492.3257

EMAIL: WORKFORCE@COMANCHENATION.COM

All documents are required before application is accepted. Incomplete applications are not accepted.

Revised: 3/11/2024

PERSONAL INFORMATION

Date of Intake:

New Applicant: _____ Returning Applicant: _____

First Name: _____ Middle: _____ Last: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Social Security: _____ Gender: _____ Birthdate: _____

Marital Status: _____ Tribal ID #: _____ Highest Education Achieved: _____

Veteran: _____ COVID 19: _____

Barriers to Employment: _____

Do you have immediate family members employed with the Comanche Nation? If so, please provide their

Name: _____ Department: _____ Relationship: _____

Applicant Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

Director Signature: _____ Date: _____

PHONE: 580.492.3257

EMAIL: WORKFORCE@COMANCHENATION.COM

All documents are required before application is accepted. **Incomplete applications are not accepted.**

Revised: 3/11/2024



Comanche Nation Police Department

P.O. Box 908

Lawton, OK 73502-0908

OFFICE: 580.492.3260

FAX: 580.492.3830

Date: _____

From: Comanche Nation Workforce

Subject: Criminal Background Check

To: Comanche Nation Police Department

The following Criminal Background Check is requested for employment of the following individual:

FULL NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____

DRIVER LICENSE #: _____

TELEPHONE #: _____ CELL #: _____

To Whom It May Concern:

*"I give the Comanche Nation Police Department full permission to conduct a Criminal Background Check,
As a condition and requirement for employment and/or contract services with the Comanche Nation."*

Client Signature: _____ Date: _____

All information provided has been confirmed, and is accurate to the best of my knowledge.

Workforce Staff Signature: _____ Date: _____

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: _____

PHONE: 580.492.3257

EMAIL: WORKFORCE@COMANCHENATION.COM

All documents are required before application is accepted. Incomplete applications are not accepted.

Revised: 3/11/2024

PERSONAL INFORMATION

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 Native American, Alaska Native or Native Hawaiian? Yes No

Tribal Affiliation: _____ Tribal ID Number: _____

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

If yes, what service(s): _____

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

Individual Plan of Service (IPS)**Service(s) Applying For** (Check all that apply):

Supportive Service (SS)

Employability Enhancement (EE)

Both (SS & EE)

Assistance Requested (Check all that apply):

Work Attire (SS)

Work Tools (SS)

Car Repairs (EE)

License Reinstatement (EE)

License Renewal (EE)

Occupation License Renewal (EE)

Public Transportation (EE)

Client Signature: _____ Date: _____

OFFICE USE ONLY:

Funding Source: CNG0100

Amount Specified: _____

RQ Date: _____ RQ Number: _____ Line Item: _____

If an EE, make payable to: _____

Workforce Service Provider Signature: _____ Date: _____

Workforce Director Signature (Approval): _____ Date: _____