



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

WORK EXPERIENCE APPLICATION

CNG

*The Work Experience program provides **unemployed** adult clients, 18 years of age or older, an opportunity to receive employability training in the private or public job sector. Program participants are placed at worksites for an 8-week period (up to 40 hours per week) and receive a pay rate of at least \$9.00 per hour. Worksite pay rate can be negotiated for increase or higher, depending on worksite labor or duties, and at the discretion of Job Developer(s). Clients will be placed according to educational attainment, job experience, and career interest. Each client will be required to attend a 1-day career development training course as a stipulation of program participation. Upon completion of the Work Experience program, if a worksite plans to hire a client as a full-time, permanent employee, an extension of four (4) weeks may be granted, if funding is available. The goal of the Work Experience program is to assist clients in attaining unsubsidized employment after completion of the program.*

UPDATE: Due to the COVID-19 Pandemic, all clients requesting this service must submit a **NEGATIVE COVID-19 Test Result** prior to placement of any worksite affiliated with the Comanche Nation Workforce Department. If client is fully vaccinated against COVID-19, then a copy of the Vaccination Card is required and the COVID-19 Test will be bypassed.

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

- ⇒ Picture Identification
- ⇒ CDIB Card/Letter
- ⇒ Social Security Card (or a federally recognized tribal seal certified letter or card w/ SS# on it)
- ⇒ Personal/Professional Resume (required and must be typed)
- ⇒ Proof of High School Diploma, GED or College Transcript (if applicable)



Revised: 4/6/21



COVID-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC, WHO, and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the Comanche Nation Tribe, Tribal Headquarters, Tribal Entities, Tribal Departments, and Tribal Programs have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Comanche Nation Tribe cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, tribal employees, and other tribal clients and their families.

I voluntarily seek services provided by the Comanche Nation Tribe and the Comanche Nation Workforce Department and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures and guidelines to reduce the spread while completing my employability training at various worksites.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- * I am following all CDC & WHO recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.



Comanche Nation Workforce (W.I.O.A.)
 Mailing: P.O. Box 908/Physical: 1608 SW 9th St.
 LAWTON, OK 73502 LAWTON, OK 73501
 Office: (580) 492-3257 Fax: (580) 492-3770

CNG INTAKE RECORD

REV4/6/2021

1 DATE & TIME OF INTAKE

2 SOCIAL SECURITY NO. _____ **3** GENDER (Circle One) **4** BIRTHDAY _____ **5** AGE _____ **6** LAST NAME _____ **7** TELEPHONE NO. _____

MALE FEMALE

FIRST

MIDDLE

8 MARITAL STATUS (circle one) **9** EDUCATIONAL STATUS (circle one) **10** SCHOOL ATTENDANCE (circle one) **11** TYPE OF SCHOOL (circle one) **12** Last Grade Completed **13** PRESENT EMPLOYMENT STATUS (CIRCLE ONE)

- 1. Single
- 2. Married
- 3. Divorced
- 4. Widowed
- 5. Separated
- 6. Common Law

- 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

- 1. Full-Time
- 2. Part-Time
- 3. Not Attending school

- 1. Elementary
- 2. Secondary
- 3. Trade/Tech/Voc.
- 4. Jr./Community College
- 5. Four Year University
- 6. Not Applicable

Completed

- 1. Employed
- 2. Employed, but received termination of employment or military separation
- 3. Not employed, was employment sought within the last 28 days? [No] [Yes]

LAST DAY WORKED _____

14 STREET ADDRESS (Residence) _____ **15** U.S. CITIZENSHIP (circle one) **16** CULTURAL IDENTIFICATION (circle one) **17** TRIBAL MEMBERSHIP (circle one)

14 STREET ADDRESS (Residence) _____ **15** U.S. CITIZENSHIP (circle one)

- 1. Citizen
- 2. Eligible Non-Citizen
- 3. Non-Eligible Non-citizen

- 1. American Indian
- 2. Alaskan Native
- 3. Native Hawaiian

- 1. Yes - Tribal Affiliation: _____
- 2. No
- 3. Not Known

18 VETERANS PREFERENCE (circle one) **19** SELECTIVE SERVICE REGISTRATION (circle one) **20** PUBLIC ASSISTANCE (circle ALL that apply) **21** COVID-19 Information (circle one) **22** BARRIERS TO EMPLOYMENT (circle all that apply)

- 1. Less than or equal to 180 days
- 2. Eligible Veteran
- 3. Other Eligible Person
- 4. Not a Veteran

- 1. Yes
- 2. No
- 3. Exempt
- 4. Not Required to Register (Under 18, Female, etc.)

- 1. GA/BIA
- 2. TANF
- 3. SS/SSA/SSDI
- 4. Food Stamps
- 5. Foster Child Payments
- 6. TWP
- 7. Food Commodities
- 8. Veteran Benefits
- 9. None

- 1. Semi-Vaccinated at time of Intake
- 2. Fully Vaccinated at time of Intake
- 3. Positive in the past 90 Days; Not Vaccinated
- 4. Refuse to Vaccinate

- 1. Basic Skills Deficient
- 2. Low Income
- 3. Unemployed 6+ Mo.
- 4. Offender/Criminal/Felon
- 5. Single Head Of Household
- 6. Pregnant/Parenting Teen
- 7. Limited English Proficiency
- 8. Individual with Disability
- 9. Poor Work History
- 10. Underemployed
- 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 DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? IF SO, PLEASE INDICATE: No Family Members Employed: _____

NAME: _____ RELATIONSHIP : Mother Father Sister Brother Son Daughter Spouse
 NAME: _____ RELATIONSHIP : Mother Father Sister Brother Son Daughter Spouse

24 PROGRAM PARTICIPATION (please check): New Applicant Returning Applicant
 If returning applicant, what service was provided and what year did you apply? WE CRT SS EE SYEP OJT Year: _____

Are you a former Comanche Nation Tribal Employee? Yes No If yes, please provide date of separation: _____

(OFFICE USE ONLY)
ELIGIBLE FUNDING:
 1. CNG
 2. W/OA - Adult
 3. W/OA - Youth
 4. NEW
 5. INELIGIBLE

APPLICANT SIGNATURE: _____ DATE: _____
 INTERVIEWER SIGNATURE: _____ DATE: _____

CERTIFICATION OF PROGRAM ELIGIBILITY (OFFICE USE ONLY):
 1. WE 2. CRT 3. SS 4. EE 5. SYEP 6. OJT 7. INELIGIBLE
 CERTIFIER SIGNATURE: _____ DATE: _____
 REVIEWER 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: _____



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 (W.I.O.A.)

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 SEC. #: _____

DRIVER LICENSE #: _____ STATE: _____

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."

(Signature of Individual)

(Date)

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

(Signature of Workforce Staff)

(Title)

(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 Signed: _____





**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: _____