



Health & Human Services  
1000 Wiyot Dr., Loleta, CA 95551  
Phone: 707-733-5055  
Fax: 707-733-5601

## WIYOT TRIBE JOB TRAINING OR EMPLOYMENT ASSISTANCE

This fund is to help support our Tribal Members in their job/vocational training goals.

The amount of awarded funds is dependent on the number of accepted applications. The Wiyot Tribe, as the administrator of these funds, has the right to deny applications based on application completion and need.

Accepted use of awards towards or while attending a job/vocational training program: tuition; transportation; food and drink; personal appearance items (clothing, uniform, shoes, hygiene); housing and housewares; reasonable shipment of household goods; childcare; emergency needs; job placement costs; and professional job counseling.

Misuse of the funds outside of these purposes may deny you future acceptance and may also include repayment back to the US Government.

To Apply:

- 1) Provide proof of Tribal Enrollment. Copy of Tribal ID card/role number.
- 2) Proof of Enrollment in a Vocational Training program - This could be a receipt of fees or other proof that you are currently enrolled in a vocational/job training program which does not exceed 2 years, as long as you demonstrate adequate progress. A one-year extension may be granted for registered nurse training.
- 3) Complete the Application – Fill in all information.

Return the application to the Health & Human Services Department.

Contact us at (707) 733-5055 for any questions concerning this application.

Any changes in your program schedule must be immediately reported (within ten days), and a copy of your progress reports must be submitted to the office.

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

Tribal ID No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

**INFORMATION RECORD**

This is a new mailing address, please update my enrollment record.

Name (Last, First, Middle Initial)	Mailing Address:  Telephone No. ( )	Date of Birth:
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**Veteran**  
\_\_\_\_ Yes  
\_\_\_\_ No

**Marital Status**  
\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  
\_\_\_\_ Divorced \_\_\_\_\_ Separated

**Number of Dependents**  
Dependents \_\_\_\_\_  
Children in School \_\_\_\_\_

**Applying for**  
Vocational Training \_\_\_\_\_  
Direct Employment \_\_\_\_\_  
Other \_\_\_\_\_

**Request**  
Initial \_\_\_\_\_  
Repeat 1 2 3  
(Circle)

**Agency**  
\_\_\_\_\_  
Region \_\_\_\_\_

**In Case of Emergency**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**Education:**  
Highest Grade Completed: \_\_\_\_\_ Schools attended and Date(s): \_\_\_\_\_

Type of Training or employment you are interested in: \_\_\_\_\_  
Do you have any physical limitations that would interfere with your training or employment? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_  
Have you had previous training? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_  
Training or Employment Location Desired: \_\_\_\_\_  
For Training:  
Course No. and Title: \_\_\_\_\_  
School and Address: \_\_\_\_\_  
Do you have income from any source? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

**EMPLOYMENT RECORD:** (List your three most important periods of employment.)

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description and Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description and Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description and Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:**

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grants (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Bureau of Indian Affairs' personnel.

\_\_\_\_\_ (Initial)

**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:**

1. The authority for solicitation of the information on this form is 25 U.S.C. 13(42 Stat.208) and P.L. 84-959 (70 Stat.986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Director Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

\_\_\_\_\_  
(Applicant Signature) (Date)

\_\_\_\_\_  
(Interviewer Signature) (Date)

**FOR AGENCY USE**

I certify that \_\_\_\_\_ is/is not a member of the \_\_\_\_\_ tribe and is/is not eligible for training or employment assistance services.

Recommended by: \_\_\_\_\_ Approved: \_\_\_\_\_  
(HHS Director)  
Title: \_\_\_\_\_

If required, Administration Action taken: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
(Tribal Administrator)

Paperwork Reduction Act Notice of 1995 (5 C.F.R. Part 1320). This information is being collected to determine the eligibility for vocational training. Response to this request is required to obtain financial assistance services. A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Burden Estimate Statement: Public reporting burden for this form is estimated to average 30 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Indian Affairs, 1849 C Street, NW, Washington, D.C. 20240, and the Office of Management and Budget, Paperwork Reduction Project, Washington, D. C. 20503.