



Fond du Lac Band of Lake Superior Chippewa Workforce Innovation Opportunity Act (WIOA) Application

Date: _____

Position or training assistance applying for: _____

Name: _____
Last First Middle Maiden

Birthdate: _____ SSN: _____

Address: _____
Street City State Zip County

Phone: _____ Email: _____

Age: _____ Gender: _____

Have you participated in WIOA previously? No Yes If yes, when? _____

Are you a veteran? No Yes If yes, please list dates served: _____

Ethnicity (please check one)

- Native American - Please list tribal Affiliation/enrollment number _____
- White
- Black
- Hispanic
- Asian/Pacific Islander
- Alaskan Native

Education

| | YES | NO |
|---|-------|-------|
| Are you currently a student (high school)? | _____ | _____ |
| Have you dropped out from school? | _____ | _____ |
| If yes, have you received your General Education Diploma (GED)? | _____ | _____ |
| If no, what is the highest grade you have completed? _____ | _____ | _____ |
| Are you a high school graduate who has not attended college or enrolled in a vocational school? | _____ | _____ |
| Are you a college attendee or graduate? | _____ | _____ |

Please list schools attended:

| School | Name and City | Course of Study | Years Completed | Graduation Date | Degree |
|-------------|---------------|-----------------|-----------------|-----------------|--------|
| High School | | | | | |
| College | | | | | |
| Other | | | | | |

Work History (list your last two employment positions)

Employer name & address _____
 Phone # _____ Work phone # _____
 Job Title _____
 Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____
 Responsibilities _____
 Reason for Leaving _____

Employer name & address _____
 Phone # _____ Work phone # _____
 Job Title _____
 Start Date _____ End Date _____ Starting Pay _____ Ending Pay _____
 Responsibilities _____
 Reason for Leaving _____

Income Section

| | YES | NO |
|--|-------|-------|
| Have you received a layoff/termination notice prior to applying? | _____ | _____ |
| Are you an eligible unemployment compensation claimant? | _____ | _____ |
| Have you exhausted an unemployment compensation claim? | _____ | _____ |

List all person(s) in household currently employed:

| Name | Employer & Address | Length of employment | Hours worked/week |
|------|--------------------|----------------------|-------------------|
| | | | |
| | | | |

Report all earning counting back from today's date for the last 6 months:

| Income type | Earning Amounts |
|----------------------------------|-----------------|
| Gross Wages/Salary | |
| Alimony/Child Support | |
| Social Security | |
| Public Assistance (MFIP or EBT) | |
| Disability Social Security (SSI) | |
| Unemployment Compensation | |
| Workmans Compensation | |
| Other (specify) | |
| Total: | |

List all person(s) dependent upon the above income:

| Name | Age | Social Security Number |
|------|-----|------------------------|
| | | |
| | | |
| | | |
| | | |

Total number of adults: _____

Total number of children: _____

Barriers to employment (answer the following questions)

| | YES | NO |
|---|-------|-------|
| Are you a U.S. citizen? | _____ | _____ |
| Are you a Selective Service Registrant? | _____ | _____ |
| Do you have a driver's license? | _____ | _____ |
| Do you own a vehicle? | _____ | _____ |
| Are you a displaced homemaker? | _____ | _____ |
| Are you a single parent with dependent(s) under the age of 18? | _____ | _____ |
| Are you a person with disabilities? | _____ | _____ |
| Are you pregnant and/or parenting teen? | _____ | _____ |
| Are you homeless? | _____ | _____ |
| Are you a long-term public assistance recipient? | _____ | _____ |
| Do you have limited English language proficiency? | _____ | _____ |
| Do you have limited math proficiency? | _____ | _____ |
| Do you have an insignificant work history? | _____ | _____ |
| Is substance abuse a factor in obtaining/keeping employment? | _____ | _____ |
| Have you been convicted of a crime? (list on next page & include felonies, misdemeanors & gross misdemeanors) | _____ | _____ |

Barriers to employment (cont. from page 2)

List any other factors you feel may be a barrier from you getting and/or keeping a job (personal, financial, legal, etc.) Include any crimes you have been convicted of in this section.

Certification

I certify that the information provided is true to the best of my knowledge. I certify the information I have provided will be used to determine eligibility and is subject to external documented verification and may be released for such purposes. I know I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

Signature

Date

Statement of Grievance Policy

Upon enrollment into the Fond du Lac Reservation WIOA program, if I am involved in a grievance hearing under the Fond du Lac Reservation Personnel Policies Grievance Procedure and I am not satisfied with the final outcome of said hearing, I may appeal to the United States Department of Labor, Division of Indian and Native American Programs.

Signature

Date



Fond du Lac Band of Lake Superior Chippewa **Summer Youth Employment** Application and Background Investigation Authorization and Release

All summer youth employees of the Fond du Lac Reservation are subject to background investigations.

In addition, summer youth employees are expected to follow all applicable policies in force at time the youth are employed. It is your responsibility to become fully acquainted with all applicable departmental policies, employee handbooks, and all policies and procedures of the Fond du Lac Band of Lake Superior Chippewa.

Please complete the Application and the Background Investigation Authorization and Release below and return to the Human Resources Department for further consideration.

Name:

Last
First
Middle

Other Names Used (maiden, married, aliases, etc.)

Address:

City
State
Zip

Phone:

Home
Work
Cell

Position:

_____ SUMMER YOUTH _____

Session Requested; (Circle if any Requested)

June
July
August

Date of Birth:

_____ / _____ / _____
Month
Day
Year

Social Security Number:

Please list any past residences for the last ten (10) years. Please attach additional sheet if necessary.

| City | County | State | From (Mo/Yr) | To (Mo/Yr) |
|------|--------|-------|--------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Application and Background Investigation
Authorization and Release
Page 2**

Have you ever been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of family violence, child abuse, child neglect, sexual assault, sexual contact, prostitution, or crimes against a person(s)? Yes No

If yes, please provide the following information:

Date of conviction or plea: _____

Nature of offense: _____

City and State where convicted or plea entered: _____

City and State where offense occurred:

Are you currently charged and awaiting resolution of any violation of law in any crimes involving family violence, child abuse, child neglect, sexual assault, sexual contact, prostitution, or crimes against a person(s)? Yes No

If yes, please provide the following information:

Date of offense: _____

Nature of offense: _____

City and State where offense occurred:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that a false statement on any part of this application may be grounds for not approving my request or for terminating my internship or volunteer services after I begin.

I authorize investigation of all statements contained in the application as may be necessary to determine appropriateness of approving my request to provide internship or voluntary services to the Fond du Lac Band of Lake Superior Chippewa.

If approved as an Intern or Volunteer, I agree to comply with all applicable rules and regulations associated with an internship or volunteering my services to the Fond du Lac Band of Lake Superior Chippewa.

Applicant's Signature

Date

