



Port Gamble S'Klallam Career & Education Employment Assistance Fund Application

| | | | | |
|--|--|--------------|--|--|
| Last | First | MI | SS# | Enrollment Number <small>(Please provide a copy of ID)</small> |
| Street Address | City | State | Zip | Number in family |
| Home Phone | Mobile Phone | | Marital Status Single Married Divorced Widowed | |
| Are you unemployed? <small>Yes or No</small> | Have you utilized funding before? <small>Yes or No → If yes, when?</small> | | Is funding request to obtain a job? <small>Yes or No</small> | |
| Community Member Documentation | | | | |
| Place of Employment/Training | | | Pay Rate \$ | |
| Purpose of funds? (equipment, certification, uniform) | | | | |

All information provided is accurate and valid. The Port Gamble S'Klallam Career & Education Department reserves the right to verify employment and may contact my place of employment or training as needed – before funds may be allocated.

I, _____, understand the rules and policy regarding the Employment Assistance Fund Program.

Applicant Signature

Date

Career & Education Manager Signature

Date

Career & Education Staff Member _____

Today's Date _____

INTAKE INFORMATION

| | | | |
|------------------------------|--|---------------------|-------------------------|
| Name | | D.O.B → 14-21 22+ | Contact Phone Number |
| Tribe | | SS# | Gender FEMALE MALE |
| Street Address | | City | State Zip |
| Are you a veteran? Yes or No | Are you on General Assistance? Yes or No | TANF? Yes or No | |
| Mother's Name | | Phone | |
| Street Address | | City | State Zip |
| Father's Name | | Phone | |
| Street Address | | City | State Zip |
| Custodial Parent/Guardian | | | |

EDUCATION

| | | | | | | | |
|--------------------|---|--------------------|---|----|----|----|----------------|
| High School | → | Last Year Complete | 9 | 10 | 11 | 12 | Diploma or GED |
| College/University | → | Last Year Complete | 1 | 2 | 3 | 4 | Degree |
| Vocational School | | | | | | | Certificate |

Complete below only if seeking employment

EMPLOYMENT

| | |
|---|--|
| What job are you currently holding? Including on-call. | |
| What kind of job are you qualified to hold right now? | |
| What kind of job would you like to be trained to hold? | |
| Name the furthest town you would be willing to move or drive to take a job. | |

Mark items you have a need for to start work:

| | | | | | |
|--------------------------|------------------|--------------------------|-------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Resume | <input type="checkbox"/> | Tools | <input type="checkbox"/> | Interviewing practice |
| <input type="checkbox"/> | Clothing | <input type="checkbox"/> | Childcare | <input type="checkbox"/> | More info on choices |
| <input type="checkbox"/> | Transportation | <input type="checkbox"/> | Alarm clock | <input type="checkbox"/> | Self-discipline |
| <input type="checkbox"/> | Other (specify): | | | | |

What will create a problem for you getting a job?

| | | | | | |
|--------------------------|----------------|--------------------------|-----------------|--------------------------|--------------------|
| <input type="checkbox"/> | Early hours | <input type="checkbox"/> | Criminal record | <input type="checkbox"/> | School |
| <input type="checkbox"/> | Communication | <input type="checkbox"/> | Age | <input type="checkbox"/> | Medical condition: |
| <input type="checkbox"/> | Transportation | <input type="checkbox"/> | Lack of skills | <input type="checkbox"/> | Other: |

List all skills through previous jobs and/or volunteer experiences:



Career & Education/WWIETP

Barrier Stipend

Repayment Agreement

I, _____, agree to submit all outstanding receipts and/or monies remaining at the end of three (3) business days from the date of signing this agreement. This agreement pertains to the two hundred dollar, Employee Barrier Stipend (specifically allotted for badge licensing, tools, and/or uniform, etc.) I received from the Port Gamble S'Klallam Tribe Career & Education Program on

_____, 20____.

I am aware that failure to comply with the conditions and terms of agreement will result in relinquishment of the entire two hundred dollar Employment Barrier Stipend allotment; therefor-immediate collection proceedings will begin in an effort to recover the balance owed to the Career & Education Program.

By signing below I am stating that I understand and agree to the conditions and terms herein, and feel that I am capable of following through with what is expected of me as a participant of the Career & Education Program.

Signature

Date

Program/Case Manager

Date

Three days from this date is: _____, 20____.