

Crow Tribe Job Placement

BIA Model Agreement Contract Direct Employment Assistant Training Program

REQUIRED DOCUMENTS

25 CFR Part 26 JOB PLACEMENT

In addition to our JOB PLACEMENT (Direct Employment) Program application, it is required that you submit the documents listed below.

No action will be taken on this request until your application is complete. Required documents:

- ❖ A complete Crow Tribal Job Placement and Training (Direct Employment) Training Application § 26.25 _____
- ❖ A copy of your High School Transcripts/GED Transcripts _____
- ❖ (CIB) Certificate of Indian Blood/or Crow Tribal ID § 26.25(c) _____
- ❖ Personal letter of request _____
- ❖ Certification that applicant has been hired from an employer stating need for training § 26.25(f) _____
- ❖ Acceptance letter from institution of learning to include **acceptance, start date and end date** _____
- ❖ Class schedule _____
- ❖ Financial needs analysis, budget breakdown, or invoice on cost of training § 26.25(e) _____
- ❖ Selective Service new requirement **MALES ONLY**
§ 26.32(d) _____
- ❖ ISP new requirement
§ 26.25(b) _____
- ❖ File Completion
§ 26.25(d) _____

For further questions please call 406.426.4680 or email Alberta.Wall@crow-nsn.gov

CONCUR:

You are personally responsible to ensure these required documents are in your file. All forms must be submitted to the Crow Tribe's Placement (Direct Employment) Office before your application can be processed. **25 CFR 26.5 (c): YOU MUST BE UNDEREMPLOYED OR UNEMPLOYED TO QUALIFY FOR FUNDING. THESE FUNDS ARE USED FOR COSTS OF OBTAINING SKILLS TO RETAIN A JOB LEADING TO SELF-SUFFICIENCY.**

CROW TRIBE

JOB PLACEMENT (Direct employment) APPLICATION

Crow Tribe Job Placement and Training

Information Record

Name (last, first, middle initial)

Mailing Address

Physical Address _____

Date of Birth _____

Social Security # _____

Telephone No. _____

Email address _____

Marital Status: ___ Single ___ Married

___ Divorced ___ Separated

___ Widow

No. Of Dependents _____

Veteran ___ Y ___ N

In case of Emergency: _____

Name

Address

Phone

Education

Highest Grade Completed: _____

Name of School _____

Date Attended _____

Telephone No. _____

Type of Training you are interested in: _____

Do you have any physical limitations that would interfere with your training or employment? ___ Y ___ N

If yes, please explain _____

Have you had previous training? ___ Y ___ N

If yes, please explain _____

Employment Record: (List your last three periods of employment)

1. From _____ To _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

2. From _____ To _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

3. From _____ To _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

To be signed by the applicant:

I hereby agree to attend the training and agree to follow all rules, regulations, and attendance requirements and to the best of my ability, will satisfactorily complete the course. I further agree that the funds issued for me for training purposes by the Crow Tribal Direct Employment Program will be so used or repayment will be made. I authorize the school to release any information needed to the Crow Tribe Education Department.

Applicant Date Signature of

INDIVIDUAL SELF-SUFFICIENCY PLAN (25 CFR § 26.18 (e))

APPLICANT NAME: _____ DATE OF PLAN _____

I understand the purpose of this Individual Self-Sufficiency Plan (ISP) is to meet the goal of becoming employable through specific action steps. I understand that I am required to follow the steps developed in this ISP and I must participate in activities developed in the plan that will promote my self-sufficiency. I also understand that if there are any changes to be made that I will contact the Crow Tribe Job Placement and Training Office in a timely manner to endure my success.

GOALS FOR SELF SUFFICIENCY

What is your short-term employment goal(s) to be self-sufficient?

What is your long-term employment goal to be self-sufficient?

BARRIERS TO STUDENT/TRAINEE REACHING SELF SUFFICIENCY

- Health Mental Health Substance Abuse Dependency Age Factor Disability(s) High School Diploma/GED Limited Education Socialization-Coping Skills Career Awareness/Orientation Selective Service No Driver's License Tribal Affiliation/CIB Birth Certificate Limited/No Work History Child care Family Obligation Age Factor Pregnant/Parenting Teen Homeless Domestic Violence/Abuse Statement of Financial Need Social Security Card Transportation

IDENTIFY STRENGTH STUDENT/TRAINEE REACHING SELF SUFFICIENCY

Identify Strength:

STEPS NEEDED TO ACHIEVE SELF SUFFICIENCY

WORK ACTIVITIES	EDUCATION	OTHER ACTIVITIES
<input type="checkbox"/> Job Search	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills Instruction
<input type="checkbox"/> Employment: full-time or part time	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Workshop
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> GED Prep	<input type="checkbox"/> Child Care Assistant
<input type="checkbox"/> Job Shadowing	<input type="checkbox"/> AVT Jobs and Training	<input type="checkbox"/> Child Support
<input type="checkbox"/> On-The-Job-Training	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Vocational Assessment
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Drug/Alcohol Treatment

SELF SUFFICIENCY ACTION PLAN & GOALS

GOAL #1

Goal #1 Revised

ACTION STEPS FOR GOAL #1

DATE TO BE
ACHIEVED

DATE
COMPLETED

1.

2.

GOAL #2

Goal #2 Revised

ACTION STEPS FOR GOAL #2

DATE TO BE
ACHIEVED

DATE
COMPLETED

1.

2.

GOAL #3

Goal #3 Revised

ACTION STEPS FOR GOAL #3

DATE TO BE
ACHIEVED

DATE
COMPLETED

1.

2.

**JOBS & TRAINING COORDINATOR AND STAFF ACTIVITY
WITH TIME FRAME (25 CFR 26.23)**

DATE TO BE
ACHIEVED

DATE
COMPLETED

1.

2.

Signature of Applicant

Date