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                      Signature of Applicant               Date
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

<table>
<thead>
<tr>
<th>WORK ACTIVITIES</th>
<th>EDUCATION</th>
<th>OTHER ACTIVITIES</th>
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<tbody>
<tr>
<td>☐ Job Search</td>
<td>☐ High School Diploma</td>
<td>☐ Life Skills Instruction</td>
</tr>
<tr>
<td>☐ Employment: full-time or part time</td>
<td>☐ GED</td>
<td>☐ Parenting Workshop</td>
</tr>
<tr>
<td>☐ Volunteer Work Experience</td>
<td>☐ GED Prep</td>
<td>☐ Child Care Assistant</td>
</tr>
<tr>
<td>☐ Job Shadowing</td>
<td>☐ AVT Jobs and Training</td>
<td>☐ Child Support</td>
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<td>☐ On-The-Job-Training</td>
<td>☐ Literacy Improvement</td>
<td>☐ Vocational Assessment</td>
</tr>
<tr>
<td>☐ Job Readiness</td>
<td>☐ Employment Counseling</td>
<td>☐ Drug/Alcohol Treatment</td>
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</table>
# SELF SUFFICIENCY ACTION PLAN & GOALS

## GOAL #1
Goal #1 Revised

<table>
<thead>
<tr>
<th>ACTION STEPS FOR GOAL #1</th>
<th>DATE TO BE ACHIEVED</th>
<th>DATE COMPLETED</th>
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## GOAL #2
Goal #2 Revised

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<th>ACTION STEPS FOR GOAL #2</th>
<th>DATE TO BE ACHIEVED</th>
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## GOAL #3
Goal #3 Revised

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<th>ACTION STEPS FOR GOAL #3</th>
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## JOBS & TRAINING COORDINATOR AND STAFF ACTIVITY WITH TIME FRAME (25 CFR 26.23)

<table>
<thead>
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<th>ACTION STEPS</th>
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Signature of Applicant

Date