Dear Applicant:

The Otoe-Missouria Employment and Training Programs would like to thank you for your request for a Job Placement and Training Program application. This program is contracted under the current PL 93-638 contract pursuant to standards provided in 25 CFR, Part 27. The following explains the purpose of the program and participant eligibility.

**JOB PLACEMENT AND TRAINING PROGRAM:**

**Program Purpose:** Job Placement and Training program is to assist enrolled Otoe-Missouria Tribal members and other eligible Indian people to acquire the job skills necessary for full time satisfactory employment. Within that framework, the participants will complete a Career Assessment, Vocational counseling/guidance to make career choices relating to personal assets matching training option, And complete Individual Development Plan.

**Participant Eligibility:**

A) Applicants must be adult Indians residing on or near Indian reservations within the Otoe-Missouria service area which include Kay, Noble and Pawnee Counties only.

B) Eligible individuals shall be at least eighteen (18) years of age, except that high school graduates shall be eligible at the age of seventeen (17) years. Also, while the program is designed primarily for persons between the ages of eighteen (18) and thirty-five (35), persons over the age of thirty-five (35) shall be eligible, assuming training and permanent employment to be otherwise feasible in terms of health and physical capability.

C) An applicant must be in need of training in order to obtain reasonable and satisfactory employment or is under-employed and without additional training would result in extreme hardship for the applicant, and is in need of financial assistance in order to obtain such training. It must also be feasible for the applicant to pursue training.

The Job Placement and Training Program is not an entitlement program. Tribal membership does not automatically determine eligibility. Applicants must declare intent to accept and retain full time employment after completing training. We must satisfy all Federal (BIA) requirements as specified in the Otoe-Missouria Tribe’s current PL 93-638 contract. The Otoe-Missouria Tribe Job Placement and Training Program are based on availability of funds.

The enclosed application specifies all requirements and must be completed in full before funding consideration is given. Please feel free to contact our office for additional information or assistance.

Respectfully,

The Otoe-Missouria Job Placement and Training Program

Revised 1/15/2013
JOB PLACEMENT & TRAINING APPLICATION

Last Name, First, MI.  Date

________________________________________  ____________________________

Address  Date of Birth

City, Zip Code  Social Security Number

Phone #  Affiliated Tribe

Emergency Contact:  ____________________________

Name  Address  Phone #

EDUCATION:

Highest Grade Completed:  School Attended:  Dates:

APPLYING FOR:

_____ Vocational/Technical Training

_____ On-the-Job Training

_____ Apprenticeship Training

_____ Supportive Services While in Training
VOCATIONAL OR TRAINING

Type of Training you desire: _____________________________________________________________

Course Title/ Course #: __________________________________________________________________

Training Institution Name and Address: ________________________________________________

Phone # ________________________

Have you applied for: Pell ( )  VA Benefits ( )  OTAG ( )  Loans ( )  WIA ( )

Other Financial Aid ( )

Have you had previous training: ________________________________

If yes, please explain: ___________________________________________________________________________

If yes, did you receive any BIA funding to attend: ________________________

EMPLOYMENT RECORD:

List last Job held: ________________________________  Date employed: __________________________

Employer Name and Address: __________________________________________________________

Phone #: ________________________________

Job Title: __________________________________________________________

Description of Duties: ___________________________________________________________________________

____________________________________________

Reason for Leaving: ____________________________________________________________________________

Signature: __________________________________________  Date: ______________________________

APPLICATION MUST INCLUDE THE FOLLOWING:

→ CDIB  → TRAINING  → COURSES SELECTED/COST AND LOCATION

→ UPON COMPLETION: CERTIFICATION OR LICENSE, ETC.