



Burns Paiute Tribe

100 Pasigo Street Burns Oregon 97720

Phone (541) 573-2088

Fax (541)573-2323

APPLICATION FOR EMPLOYMENT ASSISTANCE

Assistance Applied For: _____

Date: _____

Personal Information: (Please print)

Name: (Last, First, Middle) _____

Address: (Street, City, Zip Code) _____

Telephone Number: _____

Other Telephone Number: _____

Are you over 18 years of age? Yes or No

Driver's License Valid? Yes or No

Are you legally eligible for employment in the U.S.? Yes or No (verification will be required, by law)

Tribal Affiliation: (Verification of Tribal Affiliation is required)

Are you a member of a federally recognized tribe? Yes or No

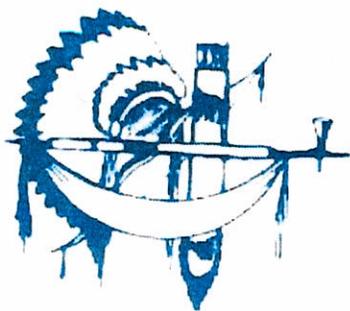
Name of Tribe: _____

Additional information you would like considered: _____

I certify under penalty of perjury the information I have provided is accurate and complete, to the best of my knowledge.

Application Signature _____ **Date** _____

(Signature is Required)



Burns Paiute Tribe Employment Program

100 Pasigo Street Burns Oregon 97720

Phone (541) 573-2088

Fax (541)573-2323

EMPLOYMENT ASSISTANCE PROGRAM INFORMATION

RELEASE FORM

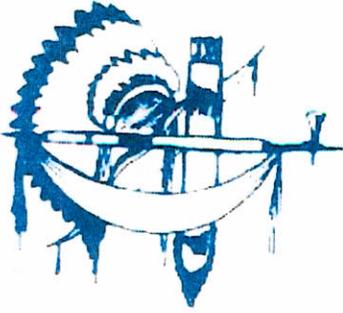
Date: _____

Full Name of Applicant (Print): _____

Permission is granted to release information pertaining to my employment, for financial assistance I am applying for.

Applicant's Signature

Date



EMPLOYMENT ASSISTANCE

Burns Paiute Education & Employment Program

100 Pasigo Street Burns Oregon 97720

Phone: (541) 573-2088

Fax: (541)573-2323

To: Director of Personnel

Date: _____

Re: _____

Client's Name (Print)

Our office will need the following information regarding the individual listed above. In order for us to provide employment assistance applied for through our office.

JOB TITLE: _____

DATE EMPLOYMENT BEGINS _____

BEGINNING WAGE: _____

FIRST PAYDAY: _____

FIRST PAYDAY A FULL PAYCHECK WILL BE RECEIVED: _____

Is the job temporary? Yes _____ No _____

If the job is temporary how long is it estimated to last? _____

Is the job permanent? Yes _____ No _____

Is the job Full-time? Yes _____ No _____

Is the job Part-time? Yes _____ No _____

Official Signature

Date

Thank you for your cooperation. Should you have any questions, please contact our office at: (541)573-8032.

Sincerely,

Education Department
Burns Paiute Tribe



Burns Paiute Tribe

100 Pasigo Street Burns Oregon 97720

Phone (541) 573-2088

Fax (541)573-2323

BURNS PAIUTE TRIBE * EMPLOYMENT ASSISTANCE PROGRAM INFORMATION RELEASE FORM

Date: _____

RE: _____

Applicant's Name (Print)

Permission is granted to release information pertaining to my employment, for financial assistance I am applying for.

Applicant's Signature



U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

Burns Paiute Education & Employment Program

100 Pasigo Street ~ Burns, OR 97720

541-573-2032 ~ fax 541-573-5565

Name: _____ Date of Birth: _____

Address: _____ Email: _____

Alternate Contact Number: _____

Marital Status: Single ___ Married ___ (Please check one)

In case of emergency: Name _____

Address: _____

Phone No. _____

Applying for: Adult Vocational Training _____

Direct Employment _____

Other _____

Request Initial ___ Repeat 1 2 3 (Please circle)

Agency _____ Area _____

Education: Highest grade completed: _____ School Attended and Date: _____

Type of training or employment you are interested in:

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

Yes ___ No ___ if yes, Please explain _____



EMPLOYMENT ASSISTANCE

Burns Paiute Tribe Education & Employment Program
100 Pasigo Street ~ Burns Oregon 97720
Phone (541) 573-2088 Fax (541)573-2323

Date: _____

To Director: _____
(Client's Name)

I am requesting assistance under the Employment Assistance Program on the Burns Paiute Tribe Indian Reservation, Burns, Oregon.

I do not owe any money to the Burns Paiute Tribe at the time of application?

Yes _____ No _____

Statement of Interest please include the reasons applicant is requesting assistance for the following items. Explain why they are necessary to perform the current or upcoming employment.

I need assistance for the following items:

I am requesting this dollar amount: \$ _____

I am an enrolled tribal member: _____ Tribe.

My enrollment number is: _____

Agency is at: _____.

Name of Applicant

Date

Thank you for your cooperation. Should you have any questions, please contact our office at (541)573-8032.

I authorize the school to release grade, attendance and income information to the Bureau of Indian Affairs personnel. _____ (initial)

PRIVACY ACT AND PAPERWORK REDUCATION ACT STATEMENT:

1. The authority for solicitation of the information on the form is 25 U.S.C. 13 (42 Stat.208) and P.L. 84-959 (70Stat.986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C 309).
2. Disclosure of the requested information collection is to determine your eligibility for services
3. The purpose of the information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement; I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant Signature Date

Interviewer signature Date

I certify that _____ is _____ degree of Indian blood, member of
The _____ Tribe and is/ is not eligible for training or employment Assistance
services. Recommended by: _____

Approved by: _____ Title: _____

If required, Area Action taken: Approved _____ Disapproved _____ Date _____

Do you have any source of income? Yes _____ No _____ if yes, please explain:
