



**DIRECT EMPLOYMENT
WITHIN AND OUT OF SERVICE AREA**



**P.O. BOX 908
LAWTON, OK 73502**

**OFFICE: (580) 492-3368 FAX: (580) 492-4017
TOLL FREE 1-877-703-2288**

EMAIL: bonniet@comanchenation.com



COMANCHE NATION DIRECT EMPLOYMENT WITHIN & OUT OF SERVICE AREA PROGRAM

The Comanche Nation Direct Employment Program is to provide assistance to eligible Comanche Tribal Members who obtain **new fulltime/permanent** employment. The service is designed to assist with transportation, supplies, equipment, uniforms, and meal allowances.

The Program is to assist a Tribal member who has not received his/her first full pay check.

ELIGIBILITY REQUIREMENTS

APPLICANT(S) MUST:

1. Be an enrolled member of the Comanche Nation (Current CDIB card from the enrollment office)
2. Be at least eighteen (18) years old, possess a High School/GED Diploma and reside in the 5-county service area (Comanche, Caddo, Cotton, Tillman, and Stephens)
3. Be head of household (Address verification must be a utility bill in clients name)
****If applying for Relocation different information will be requested*
4. Be unemployed for six (6) weeks*** and be in need of financial assistance
5. Provide Letter of Employment (Included in Application) to show client has secured permanent and full-time employment ***
6. Have Secured gainful and meaningful employment resulting in self-sufficiency
7. Have a job position that is for twelve (12) months or longer *** (Construction contractors will only be considered established employers by verification of long term contracts, one year or more, of being bonded to perform construction contracts)***
8. Have not received D.E. from this program or the BIA within the past three (3) years or received D.E. more than three (3) times for duration of D.E. Program
9. Have not applied for D.E. within the past 6 months if application was previously denied or incomplete. (Application will be denied if received within the timeframe stated)
10. Complete the application process with the Comanche Nation Direct Employment Program and provide all documentation as required (**legible and lucid documents only**)
11. Complete Forms 1A-ISP and 2A-IDP (included in application) before assistance is considered

To file an application and be considered for Direct Employment, a Comanche Tribal member must contact the Comanche Nation Direct Employment Office, or call (580) 492-3368, ask for Bonnie Tomahsah Monoessy DE Specialist.

*****Additional verification may be requested*****



Comanche Nation Direct Employment Program

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- 1. Birth Certificate
(+Dependants under the age of 18)
- 2. Social Security Card
- 3. Current Photo ID
- 4. CDIB
- 5. Address Verification (Utility Bill Only)
i.e. rent, electric, water, home phone
- 6. High School/GED Diploma or Transcript
(Also, College Transcript if applicable)
- 7. Letter of Employment (provided)
- 8. *Notarized* Release of Information (provided)

PLEASE PRINT

- 9. Forms 1A-ISP & 2A-IDP (provided)

Name: _____ Maiden: _____

Social Security Number: _____ - _____ - _____ Tribal Roll Number: _____

Date of Birth: ____/____/____ Telephone: _____ Cell: _____

Address: _____
Street or Box Number City State Zip

Single _____ Married _____ Separated _____ Divorced _____

Children: Yes No how many: _____ Do you have proof of marital status? Yes No

<u>NAME OF DEPENDENTS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>

Head of Household – Name: _____ Occupation: _____

Spouse: _____ Occupation: _____

Have you ever applied for Direct Employment? Yes No When? _____
Month Year

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Signature of Applicant: _____ Date: _____



COMANCHE NATION DIRECT EMPLOYMENT PROGRAM

PLEASE PRINT

EMPLOYMENT: (Last place of Employment)

Employer's Business: _____

Address: _____
Street or Box Number City State Zip

Employer: _____ Telephone: (____) _____

Rate of Pay: Start \$ _____ End \$ _____ Job Title _____

Description of Duties _____

Worked From ___/___/___ To ___/___/___ Reason for leaving _____

SELECTIVE SERVICE/MILITARY SERVICE:

Selective Service Number: _____ Registration Date: _____

Date of Birth: _____ Social Security Number: _____

Military Serial Number: _____ Date of Discharge: _____

Do you have a service connected disability of 10% or more? Yes No

Describe military duties that were assigned: _____

Signature of Applicant: _____ Date: _____



COMANCHE NATION DIRECT EMPLOYMENT PROGRAM

THIS AGREEMENT, entered on _____, between the
(Date)

Comanche Nation Direct Employment Program and _____:
(Client Name)

WITNESSED THAT:

- I. The participant will begin employment on ____/____/____, and receive their first full pay check on ____/____/____. This agreement will cease any responsibility for funding, if eligibility is not determined before first check is received. *(Note: It is the responsibility of the applicant to turn in completed application and all documents needed for processing, well in advance to insure adequate time for office procedure.)*
- II. The participant agrees to be at their site of employment each day, as their job requires. It is also agreed; **the participant will not quit their employment**, for three months unless terminated by the employer. Should the participant miss work or quit their job, **they will be required to reimburse** the D.E. Program for funds appropriated to them.
- III. The participant agrees not to hold liable, the Comanche Nation's AVT/DE Program or the Comanche Nation, should the participant or any family member become ill or incur an accident.
- IV. The participant agrees to use the funding provided by the Direct Employment Program in an appropriate matter to enhance their job position and responsibilities.

PLEASE CAREFULLY READ, SIGN AND DATE THE FOLLOWING.

PRIVACY STATEMENT: *The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g: 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to recipients that receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. In accordance with this, CNHE will discuss student information with the student applying for assistance only.*

APPLICANT'S SIGNATURE

DATE

JP & T SPECIALIST

DATE



COMANCHE NATION DIRECT EMPLOYMENT PROGRAM

CONSENT FOR RELEASE OF INFORMATION

Only acceptable if notarized

TO: _____ **DATE:** _____

Do Not Write in space, To Be filled in by DE Program

I HEREBY GIVE MY PERMISSION TO RELEASE INFORMATION TO:

**ATTN: COMANCHE NATION OFFICE OF HIGHER EDUCATION
JOB PLACEMENT & TRAINING/DE PROGRAM
P.O. BOX 908
LAWTON, OK 73502**

PRINT FULL NAME

DATE OF BIRTH

**SIGNATURE OF APPLICANT
OR
PARENT/LEGAL GUARDIAN**

SOCIAL SECURITY NUMBER

ATTENTION: According to Family Education Rights and Privacy Act of 1974 (P.L. 93-380) the Parent, Guardian of 18 years old, has the right to make written request to view any records released.

Subscribed and sworn to before me on this _____ day of _____ 20____

My Commission Expires: _____

Notary Public

LETTER OF EMPLOYMENT

****TO BE FILLED OUT BY THE EMPLOYER****

COMANCHE NATION DIRECT EMPLOYMENT PROGRAM



**P.O. BOX 908
LAWTON, OK 73502
OFFICE (580)492-3368 FAX (580)492-4017**

BUSINESS: _____

ADDRESS: _____

CITY, STATE, & ZIP _____

Job Verification

1. Employee: _____

2. Starting date: _____

3. Starting wage: _____

4. Job Title: _____

5. Paid Weekly, Bi-weekly, etc.: _____

6. Date to receive first full check: _____

7. Full-Time/Part-Time Position: _____

8. Expected Duration of Employment: _____

9. Today's Date: _____

By my signature, I affirm that the information about this applicant is accurate and true to the best of my knowledge and belief. I understand that the information on this document is subject to screening in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Employer Name (Please Print) & Title

Contact Number



Comanche Nation Job Placement & Training Program

Individual Self-Sufficiency Plan (ISP)



Applicant Name: _____ SSN: _____

Adult Vocational Training-Long Term Direct Employment Short-Term Training

Have you received previous assistance through JP & T? Yes No

If Yes, what type of assistance? _____

Applicant Case Plan

1. What does applicant need to obtain job skills and/or retain a job leading to self-sufficiency?

- A. _____ Employment Search
- B. _____ Public Assistance (Specify) _____
- C. _____ Medical Treatment
- D. _____ Education/Training (Specify) _____
- E. _____ Vocational Rehabilitation
- F. _____ Other (Specify) _____

1. What obstacles exist that prevent applicant from seeking training or permanent employment?

- A. _____ Overcrowded Residence
- B. _____ Substance Abuse
- C. _____ Transportation Problems
- D. _____ Child Care Problems
- E. _____ Financial Need (specify) _____
- F. _____ Other (specify) _____

Self Assessment

1. Job Readiness: (List all work experience and job training obtained)

2. Education (List all skills, training, workshops, or applicable classes obtained)

3. List support services needed and reasons: (ie. Childcare-daycare, Social Services-utility)

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Signature of Applicant: _____ Date: _____

Signature of JP & T Specialist: _____ Date: _____



Comanche Nation Job Placement & Training Program



Individual Development Plan (IDP)

Applicant Name: _____ SSN: _____

Adult Vocational Training-Long Term Direct Employment Short-Term Training

1. Targeted Career/Training Goals: _____

2. Reasons for Preparing IDP: _____

3. Strategies for success: _____

4. Remarks/Other: _____

Service Needed	Program Activity	Training Source	Cost Estimated	Date		Remarks
				Target	Completed	

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Signature of Applicant: _____ Date: _____

Signature of JP & T Specialist: _____ Date: _____