

Comanche Nation Higher Education Job Placement & Training Program

Direct Employment Application

For tribal members who have recently obtained **NEW, PERMANENT EMPLOYMENT**
and have **NOT** received a 1st **FULL** paycheck.



Mailing Address: Comanche Nation Higher Education

P.O. Box 908 Lawton, OK 73502

Office: 580-360-0526

Email: highered@comanchenation.com

Direct Employment/Relocation Eligibility Requirements:



- ☐ Must be an **enrolled** Comanche Nation tribal member and provide a copy of your CDIB card.
- ☐ Must be at least 18 years old.
- ☐ Must have been unemployed for six (6) weeks. Applicants who do not have a six (6) week gap in between employment will be denied.
- ☐ Employment **must** be **PERMANENT**. (Expected to last 12 months or longer.) We do not assist clients whom are temporarily employed or employed through a workforce or staffing agency.
- ☐ Applicants will be denied if they have submitted an incomplete Direct Employment application within the last six (6) months.
- ☐ If you have received Direct Employment or Relocation within the last three (3) years, you will not be eligible for assistance.

ALL documents listed below are required for eligibility:

- ☐ Birth certificate (For you and **all** dependents under 18.)
- ☐ Social Security Card (For yourself only.)
- ☐ A **CURRENT** photo ID.
- ☐ CDIB Card (For yourself only.)
- ☐ Address verification. (A utility bill, or mortgage/lease agreement in your name. If you do not have either in your name, you will need to provide a statement from the head of household, along with a copy of their utility bill.) ***Addresses must match what is listed on the application. ***
- ☐ ****If you're applying for relocation, you must provide proof of residence for your old and new addresses. Must be moving at least 200 miles to qualify.**
- ☐ High school diploma, transcript, or GED certification. – This is a **REQUIREMENT** for all applicants, we will not make any exceptions if you do not possess one.
- ☐ Letter of Employment. This **must** be filled out by your employer. A contact name and number will need to be provided for verification purposes.
- ☐ Consent for Release of Information form (p. 6) This form must be signed and stamped by a Notary Public. Your application will not be accepted without it.
- ☐ CDIB Request Form (p. 10)
- ☐ 1A-ISP Form (p. 8)
- ☐ 2A-IDP Form (p. 9)

PLEASE NOTE: ALL DOCUMENTS MUST BE COMPLETE AND TURNED IN WITH THE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE HELD.

**COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT APPLICATION**

APPLICANT INFORMATION:

Name: _____

Tribal Roll Number: _____

Address: _____

SSN: _____

Date of Birth: _____

Email: _____

Phone: _____

HOUSEHOLD INFORMATION:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Do you have proof of marital status? _____

Children under 18 residing in household: ☐ Yes ☐ No (Please provide copies of their birth certificates)

List members of household or dependents: (Do not include yourself)

NAME	RELATIONSHIP	AGE

Applicant Signature

Date

**COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT APPLICATION**

PREVIOUS EMPLOYMENT (most recent place of employment): **PLEASE PRINT**

Name of Employer: _____

Address: _____

Job Title: _____

Dates worked: Starting Date: _____ Ending Date: _____

Description of Duties: _____

Reason for Leaving: _____

Applicant Signature

Date

JP&T Specialist Signature

Date

**COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT APPLICATION**

This agreement, entered on _____, between the Comanche Nation
(Today's Date)
Job Placement and Training Program and _____:
(Client Name)

WITNESSED THAT:

- I. The participant will begin employment on ____/____/____, and receive their first full paycheck on ____/____/____. This agreement will cease any responsibility for funding if eligibility is not determined before the first full pay check is received.
- II. It is the responsibility of the applicant to turn in completed application and all documents needed for processing, well in advance in ensure adequate time for application processing. Applications will not be processed for funding until all required documents have been received by the Comanche Nation Higher Education Office and the application has been approved by the Comanche Nation Higher Education Director.
- III. The participant agrees to use the funding provided by the Direct Employment Program in an appropriate matter to enhance their job position, performance and responsibilities.

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, the Comanche Nation Higher Education department will only discuss student information with the student applying for assistance.*

Applicant Signature

Date

**COMANCHE NATION HIGHER EDUCATION
DIRECT EMPLOYMENT CONSENT FOR RELEASE OF INFORMATION**

ONLY ACCEPTED WHEN NOTARIZED

FOR HIGHER EDUCATION OFFICE USE ONLY:

TO: _____ **DATE:** _____

I GIVE MY PERMISSION TO RELEASE INFORMATION TO:

**COMANCHE NATION HIGHER EDUCATION
JOB PLACEMENT AND TRAINING PROGRAM
P.O. BOX 908
LAWTON, OK, 73502**

APPLICANT'S FULL NAME

APPLICANT'S SIGNATURE

DATE

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

My commission expires: _____

Notary Public: _____

[SEAL]

LETTER OF EMPLOYMENT

To Be Completed By Employer

EMPLOYERS: Please return this document to the Comanche Nation Higher Education Office via email to highered@comanchenation.com. If you have any questions regarding this document, please contact our office at 580-360-0526.

Employer: _____

Address: _____

City, state & zip code: _____

Employment Verification

Employee: _____

Starting date: _____

Job title: _____

How often paid (weekly, bi-weekly, monthly, etc.): _____

Date to receive first full paycheck: _____

Full-time or part-time position: _____

Permanent or temporary position: _____

I, affirm that the information regarding 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 Assistance Act (Public Law 93-638, 88 §2203).

Employer Representative Name & Title (Please print)

Contact Phone Number

Comanche Nation Direct Employment Program

Individual Self-Sufficiency Plan (ISP)

Applicant Name: _____ SSN: _____

Please check one of the following:

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

Applicant Case Plan

1. What does the applicant need to do 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) _____
2. What obstacles exist that prevent applicant from seeking training or permanent employment?
 - A. Overcrowded Residence
 - B. Substance Abuse
 - C. Transportation Problems
 - D. Childcare 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:** (i.e. 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 § 2203).

Signature of Applicant

Date

Signature of JP&T Specialist

Date

Comanche Nation Direct Employment Program Individual Development Plan (IDP)

Applicant Name: _____ SSN: _____

Please check one of the following:

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

1. Targeted Career/Training Goals: _____

2. Reasons for Preparing IDP: _____

3. Strategy for Success: _____

Service Needed (Financial, tuition, books, supplies, etc.)	Program Activity (Work or school)	Training Source (Name of employer/school)	Estimated Cost	Date Started (1 st day of work or school)	Date Completed (Graduation date)

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 Assistance Act (Public Law 93-638, 88 § 2203).

Applicant Signature

Date

JP&T Specialist Signature

Date

Certificate of Degree of Indian Blood (CDIB) Request Form

Dear **APPLICANT:**

To complete your CDIB requirement, please fill out this form AND provide a copy of your CDIB card. Please fill out to the best of your knowledge, sign, and send form to:

COMANCHE NATION
ENROLLMENT OFFICE
P.O. BOX 908
LAWTON, OK 73502

OR

You may submit your form to our office and we will forward this form to the Enrollment office.

The Comanche Nation Office of Higher Education is requesting a CDIB for all applicants applying for services.

The following information is herewith submitted:

NAME: _____ ROLL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SSN: _____

SPOUSE'S NAME: _____ ROLL: _____

FATHER'S NAME: _____ ROLL: _____

MOTHER'S NAME: _____ ROLL: _____

MOTHER'S MAIDEN NAME: _____

SIGNATURE: _____ DATE: _____

FOR ENROLLMENT OFFICE USE ONLY:

Please sign and stamp to verify the information provided is true and correct. Thank you.

SIGNATURE: _____ DATE: _____