COMANCHE NATION
WORKFORCE
"WHERE BUSINESS AND OPPORTUNITIES MEET."

CLASSROOM TRAINING APPLICATION

CNG

Classroom Training Program provides financial assistance to clients who are enrolled in a short-term training course (up to 6 months) at a technology center or trade school, and assists with the costs of tuition, books, and supplies, if needed. Program participants may receive a stipend of $10.00 per hour for seat time spent in a supervised classroom setting, at the discretion of the Classroom Training Coordinator. Supplementary funding available for assistance with obtaining a GED (up to 6 months), and for high school students who are required to attend summer school (up to 3 months) to maintain a scheduled course of graduation.

Required Documents:

⇒ Picture Identification (State ID or Driver's License)
⇒ Proof of Tribal Enrollment (CDIB Card or CDIB Letter)
⇒ Social Security Card
⇒ Signed Classroom Training Agreement

Completion of application does not guarantee acceptance into the CRT program.

PHONE: 580.360-0681
EMAIL: WORKFORCE@COMANCHENATION.COM
All documents are required before application is accepted. **Incomplete applications are not accepted.**

Revised: 1/31/2024

Comanche Nation Workforce (W.I.O.A.)
Mailing Address: P.O. Box 908, Lawton, OK 73502
Physical Address: 584 NW Bingo Road, Lawton, OK 73507
Phone: (580) 360-0681 • Email: workforce@comanchenation.com

CNG INTAKE RECORD

REV 4/25/2023

1 DATE & TIME OF INTAKE

Staff Initial:

2 SOCIAL SECURITY NO. ---- ----

3 GENDER (Circle One) MALE FEMALE

4 BIRTHDAY

5 AGE

6 LAST NAME FIRST MIDDLE

7 TELEPHONE NO. ( ) --

8 MARITAL STATUS (circle one)
1.Single
2.Married
3.Divorced
4.Widowed
5.Separated
6.Common Law

9 EDUCATIONAL STATUS (circle one)
1. In School, H.S. or less
2. In-School, Post H.S.
3. Not attending school, H.S. Graduate
4. Not attending school, H.S. Dropout
5. Other _____

10 SCHOOL ATTENDANCE (circle one)
1. Full-Time
2. Part-Time
3. Not Attending school

11 TYPE OF SCHOOL (circle one)
1. Elementary
2. Secondary
3. Trade/Tech/Voc.
4. Jr/Community College
5. Four Year University
6. Not Applicable

12 Last Grade Completed _____

13 PRESENT EMPLOYMENT STATUS (CIRCLE ONE)

1.Employed
A. Full-Time
B. Part-Time
C. Underemployed
D. In need of services to be Self-Sufficient

2.Employed, but received termination of employment or military separation

3.Not employed, was employment sought within the last 28 days? [No] [Yes]
LAST DAY WORKED ____/____/____

14 STREET ADDRESS (*Residence*) ZIP CODE

CITY STATE

MAILING ADDRESS (*IF DIFFERENT FROM RESIDENCE*) CITY STATE ZIP CODE

15 U.S CITIZENSHIP (circle one)
1. Citizen
2. Eligible Non-Citizen
3. Non-Eligible Non-citizen

16 CULTURAL IDENTIFICATION (circle one)
1. American Indian
2. Alaskan Native
3. Native Hawaiian

17 TRIBAL MEMBERSHIP (circle one)
1. Yes - Tribal Affiliation: _____
Tribal Enrollment #: _____
2. No
3. Not Known

E-mail Address:
_____@_____

18 VETERANS PREFERENCE (circle one)
1. Less than or equal to 180 days
2. Eligible Veteran
3. Other Eligible Person
4. Not a Veteran

19 SELECTIVE SERVICE REGISTRATION (circle one)
1. Yes
2. No
3. Exempt
4. Not Required to Register (Under 18, Female, etc.)

20 PUBLIC ASSISTANCE (circle ALL that apply)
1. GA/BIA
2. TANF
3. SSI/SSA/SSDI
4. Food Stamps
5. Foster Child Payments
6. TWEP
7. Food Commodities
8. Veteran Benefits
9. None

21 COVID-19 Information (circle one)
1. Semi-Vaccinated at time of Intake
2. Fully Vaccinated at time of Intake
3. Positive in the past 90 Days; Not Vaccinated
4. Refuse to Vaccinate

22 BARRIERS TO EMPLOYMENT(circle all that apply)

1.Basic Skills Deficient
2.Low Income
3.Unemployed 6+ Mo.
4.Offender/Criminal/Felon
5.Single Head Of Household
6.Pregnant/Parenting Teen
7.Limited English Proficiency
8.Individual with Disability
9.Poor Work History
10. Underemployed
11. Homeless
12. Displaced Homemaker
13. School Drop-Out
14. Runaway
15. Youth Additional Asst.
16. Welfare Recipient
17. Learning Disability
18. Not Applicable

23 DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? IF SO, PLEASE INDICATE: **No Family Members Employed: _____**

NAME:_____ **RELATIONSHIP :** ( ) Mother ( ) Father ( ) Sister ( ) Brother ( ) Son ( ) Daughter ( ) Spouse

NAME:_____ **RELATIONSHIP :** ( ) Mother ( ) Father ( ) Sister ( ) Brother ( ) Son ( ) Daughter ( ) Spouse

24 PROGRAM PARTICIPATION (please check): ( ) New Applicant ( ) Returning Applicant
Returning applicant, please provide service and year you applied: ( ) WE ( ) CRT ( ) SS ( ) EE ( ) SYEP ( ) OJT **Year:** _____

Are you a former Comanche Nation Tribal Employee? ( ) Yes ( ) No **If yes, please provide date of separation:** _____

(OFFICE USE ONLY)
ELIGIBLE FUNDING:
1. CNG
2. WIOA - Adult
3. WIOA - Youth
4. NEW
5. INELIGIBLE

APPLICANT SIGNATURE: _____ DATE: _____

INTERVIEWER SIGNATURE: _____ DATE:_____

CERTIFICATION OF PROGRAM ELIBIBILITY (OFFICE USE ONLY):
1. WE 2. CRT 3. SS 4. EE 5. SYEP 6. OJT 7. INELIGIBLE

CERTIFIER SIGNATURE: _____ DATE: _____

REVIEWER SIGNATURE: _____ DATE:_____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, **authorize** the release of my personal and/or business-related information for employment verification purposes and/or program assistance to the named department/program listed below:

Name: Comanche Nation Workforce

Address: P.O. Box 908

City: Lawton State: OK Zip Code: 73502

This request and authorization also apply to and/or release of: (check all that apply)

- ☐ Tribal Related Records
- ☐ Employment Records
- ☐ Copies of Personal Information
- ☐ Education Records
- ☐ Financial Records
- ☐ Public Assistance Information
- ☐ Other: (Please list any other items not specified above)

I, _____, **do not authorize** the release of my personal and/or business-related information to any department, program, organization, and/or business of any kind.

Applicant Signature: _____ **Date:** _____

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CLASSROOM TRAINING AGREEMENT

This contract agreement is made between _____ and the Comanche Nation
Participant Name
Workforce Classroom Training (CRT) Program. By signing below, I am accepting financial assistance for expenses associated with classroom training costs. Therefore, I am responsible and accountable for:

- Providing enrollment documents (title of training/class, schedule, tuition, etc.)
- Punctuality
- Attendance
- Passing grades
- Completing class(es)/course(s) must attend 10 hours or more bi-weekly to be eligible to receive a stipend.
- Communication with Instructors and Classroom Training Coordinator.
- Providing transcripts, attendance documentation, certifications, etc. to the CRT Program after completion of class(es).

Prior to the first scheduled day of class, if unforeseen circumstances arise, or I decide to withdraw from class(es), I will contact Quanah Karty, the Classroom Training Coordinator, immediately.

Name of Institution:_____

Name of Course:_____

Beginning Date:_____ **Ending Date:**_____

Class Hours:_____ (**Example: Class Hours: 72**)

M T W TH F
☐ ☐ ☐ ☐ ☐ Class Time:_____ AM/PM

If I fail to execute the above agreement, I will be suspended from the CRT Program for one year.

I have read, acknowledge, understand, and agree to all of the above.

CRT Client Signature: _____ Date: _____

WIOA Staff Signature: _____ Date: _____

WIOA Director Signature: _____ Date: _____

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