



SICANGU NATION EMPLOYMENT & TRAINING PROGRAM

131 North B.I.A. 9

P.O. BOX 909

ROSEBUD, SD, 57570

PHONE: (605) 747-2393 TOLL FREE: 1 (888) 235-9840

FAX: (605) 747-5177

www.sicangunation.com

JOB SEARCH APPLICATION

In order to be eligible, you must:

- ✓ Be an Enrolled member of a Federally Recognized Tribe
- ✓ Living within the boundaries of the Rosebud Sioux Tribe
- ✓ Meet all eligibility requirements for the component to which you are applying for; i.e., SNETP/Job Readiness Components
- ✓ If applying for Work Experience, you must Unemployed or Under-Employed.

Application Instructions:

1. Applicant must be present and complete all pages of the application.
2. Make sure you sign and date your application.
3. Please refer to the table below for all required documentation.

TABLE OF REQUIRED DOCUMENTS

JOB SEARCH/TANF REFERRAL CLIENTAL

ONLY APPLICANTS INFORMATION

- ☐ **HIGH SCHOOL DIPLOMA/GED CERTIFICATE/COLLEGE DEGREES**
- ☐ **DEGREE OF INDIAN BLOOD/TRIBAL ABSTRACT/TRIBAL ID**
- ☐ **DRIVERS LICENSE/STATE ID**
- ☐ **SOCIAL SECURITY CARD**
- ☐ **MALES 18&OVER – SELECTIVE SERVICE CARD/DD-214 (VETERANS ONLY)**
- ☐ **INCOME VERIFICATION:** Income for ALL Household members that are listed on the application. Income may include: Wages, Food Stamps/SNAP, TANF, General Assistance, Child Support, SSI, Social Security, Unemployment, V.A. Benefits, Lease Income, Retirement Income, etc.



Sicangu Nation Employment & Training Program SERVICE APPLICATION

Date of Application: _____ CM: _____ **SNETP APPLICANT INFORMATION**
 Date of Interview: _____ () Active Employment/Job Seeker
 Eligible From: _____ To: _____ () TANF Referral Applicant

Contact Information Email Address: _____

Last Name	First Name	M.I.	Maiden Name/Other names known by:
Mailing Address		City/State/Zip	Community
Directions to Residence			
Home Phone	Work Phone	Cell Phone	Message Number

Family Profile

<input type="checkbox"/> Single Individual <input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family	Do you live in a "Separate Household" Residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Dependents Under 18 _____ Total Number in Your Household _____
Do you have reliable child care?	<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO	Who:

Please List ALL Family Members, Ages, And Relationship Living in Your Household

MEMBERS OF HOUSEHOLD (Last, First, Middle Int.)	D.O.B.			Sex M/F	Relation to Head of Household	Marital Status Single Widowed Divorced Common Law Separated	Highest Grade Or Degree	Social Security Number	Tribal Enrollment Number
	MM	DD	YY						
1.					SELF				
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

☐ Check Box If Any Additional Members Of Household Are Listed On Back Of This Page.



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Medical Care			FAMILY PROFILE		
Members of Household With Physical or Mental Handicap					
NAME	NATURE OF PROBLEM	TEMP. OR PERMANENT	MINOR OR MAJOR	VERIFIED	
1.					
2.					
3.					
Does Anyone in The Household Have Any Current or Former Problems with Substance Abuse and/or Alcohol Abuse, In Which You/They were referred to treatment? (Please Circle) Yes No NA					
If So, Please Explain: _____					
Absent Children/Dependents			FAMILY PROFILE		
NAME OF CHILDREN NOT IN HOME	RELATION	D.O.B.	MARTIAL STATUS	# OF DEPENDENTS	CURRENT ADDRESS
1.					
2.					
3.					
4.					
5.					
Are you required to pay Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Monthly Amount: _____					
Veterans Preference / Selective Service					
1. Are you a Veteran? (Please provide DD-214) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			Dates of Service:		
2. What type of Discharge? <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable			From: _____		
3. Are you registered with Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXEMPT			To: _____		
Please Answer the following questions pertaining to your current situation					
1. Did you move into your current residence w/in the last 30 days?		YES	NO	NA	WHY:
2. Are you currently "Homeless"?		YES	NO	NA	
3. Do You have a Valid SD Driver's License?		YES	NO	NA	EXPIRED:
4. Do you have reliable transportation?		YES	NO	OWN	HIRE CAR-POOL
5. Are you willing to submit to a Drug Test?		YES	NO	NA	WHY NOT:
6. Have you ever been convicted of a felony?		YES	NO	NA	FOR:
7. Were you "terminated" from TANF within the past 90 days?		YES	NO	NA	WHY:
8. Are you eligible to reapply for TANF?		YES	NO	NA	WHEN:
9. Were you ever an Active Participant w/SNETP? (WEX or OJT)		YES	NO	NA	WHEN:
10. What CAREER are you interested in, please list two: Answer "A" and "B" below		1. _____ 2. _____			
A. Hours willing to work: Full Time (40 + hrs) Part Time (30 or less hrs)		Temp. (1-3 days) Seasonal (4-150 days) 24/7 wrksite (Shift hours)			
B. Are you willing to work on Holidays/Weekends/Evenings?		YES NO NA			



Sicangu Nation Employment & Training Program SERVICE APPLICATION

Education Status

****Please Answer The Following Questions Pertaining To Your Current Situation****

*** Check what applies to Applicant***

- ☐ If Applicant HAS NOT achieved a High School Diploma or General Education Diploma (GED) are you...
- ☐ Currently Enrolled in High School
 - ☐ Currently Enrolled in SGU/Adult Basic Education (ABE)
 - ☐ Other, please explain: _____
- ☐ If Applicant HAS achieved a High School Diploma or General Education Diploma (GED) are you...
- ☐ Currently Enrolled in College/University/Vocational Studies
 - ☐ Earned Degree: _____
 - ☐ Other, please explain: _____

Skills

1. Is it difficult for you to read, write, or speak English?	YES	NO	Explain: _____ What Language: _____ Words Per Minute (WPM): _____ List Programs: _____ _____ _____
2. Are you Bilingual?	YES	NO	
3. Do you know how to type?	YES	NO	
4. Do you know how to use a computer?	YES	NO	
5. Do you have an updated resume?	YES	NO	
6. Are you Employed or Under-Employed now?	YES	NO	
7. Have you actively sought work in the last 28 days?	YES	NO	
8. Are you a citizen of the US?	YES	NO	

**LIST SKILLS GAINED THROUGH PREVIOUS WORK,
BY VOLUNTERRING OR PERSONAL EXPERIENCE**

**PLEASE EVALUATE YOUR SKILL DEVELOPMENT
CIRCLING WHAT APPLIES TO YOU**

A. _____	A.)	HIGH	AVERAGE	LOW
B. _____	B.)	HIGH	AVERAGE	LOW
C. _____	C.)	HIGH	AVERAGE	LOW

Work History

**** List Most Recent First****

Job Title	Start Date	End Date	Hourly Wage
Employer/Company Name	Employer/Company Address	Phone Number	
Immediate Supervisor	Reason for Leaving		
Duties and Responsibilities			

Job Title	Start Date	End Date	Hourly Wage
Employer/Company Name	Employer/Company Address	Phone Number	
Immediate Supervisor	Reason for Leaving		
Duties and Responsibilities			



Sicangu Nation Employment & Training Program SERVICE APPLICATION

Family Income

1. CHECK Any of the following that you and/or your family are receiving:

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> GENERAL ASSISTANCE | <input type="checkbox"/> SSI | <input type="checkbox"/> SELF-EMPLOYMENT |
| <input type="checkbox"/> SOCIAL SECURITY | <input type="checkbox"/> CHILD SUPPORT | <input type="checkbox"/> WAGES | <input type="checkbox"/> FOOD STAMPS/SNAP |
| <input type="checkbox"/> EDUC. STIPEND | <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> SALARIES | <input type="checkbox"/> LEASE INCOME |
| <input type="checkbox"/> ALIMONY | <input type="checkbox"/> PENSIONS | <input type="checkbox"/> OASI | <input type="checkbox"/> INCOME TAX REFUND |
| <input type="checkbox"/> COMMODITIES | <input type="checkbox"/> NET RENTS | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> INSURANCE SETTLEMENT |
| <input type="checkbox"/> BANK ACCT INTEREST | <input type="checkbox"/> VA BENEFITS | <input type="checkbox"/> ROYALTIES | <input type="checkbox"/> WORKER'S COMP. |
| <input type="checkbox"/> GIFTS/CONTRIBUTIONS | <input type="checkbox"/> LOTTERY/GAMING | <input type="checkbox"/> PER CAPITA | <input type="checkbox"/> FARM/RANCH INCOME |

2. Below list ALL FAMILY MEMBERS that received any type of income during the LAST SIX (6) MONTHS.

Name	Relationship to Applicant	SOURCE	6 th month	5 th month	4 th month	3 rd month	2 nd month	1 st month	Total Received
	SELF								

RST S.N.E.T.P. P.L. 477-Certification and CFR 25 C.F.R.-Statement of Cooperation

I certify that the information given is true to the best of the knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and I understand that it will be used to determine my eligibility. Also, it is my responsibility to update this application within (6) months from assessment date.

- ☐ **I apply for financial assistance for services for the listed members of my household who are in need.
- ☐ **I have received a copy of and have had explained to me and understand the provisions of Federal Law governing Fraud.
- ☐ **I agree to supply information regarding resources and income and to notify the agency of any changes in my situation. RST SNETP Programs are authorized to obtain information necessary to establish eligibility for assistance.
- ☐ **I have read or had explained to us the provision of my protection under the Paperwork Reduction Act and the Privacy Act.

Applicant Signature

Date



Sicangu Nation Employment & Training Program SERVICE APPLICATION

Please check what applies to you:

☐ TANF REFERRAL
CLIENT

☐ ACTIVE JOB SEEKER

SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS

TWO-YEAR GOAL

Start Date	Goal #1 (Short-Term)	Who will complete it?	Date to be achieved

ACTION STEPS TO ACHIEVE GOAL

1.

2.

3.

FIVE-YEAR GOAL

Start Date	Goal #2 (Long-Term)	Who will complete it?	Date to be achieved

ACTION STEPS TO ACHIEVE GOAL

1.

2.

3.

The following regulations must be followed:

1. Applicants/Recipients have to actively seek employment.
2. Make satisfactory progress on their ISP.
3. Accept Local and Seasonal Employment and provide evidence of monthly efforts to obtain employment in accordance with the ISP.
4. Report any changes which may affect SNETP eligibility.

Non-Compliance:

1. If the applicant/recipient does not comply with the ISP, an ineligibility period of 60 to 90 days will be imposed.
2. If the applicant/recipient refuses or quits a job, the ineligibility period will continue until the applicant/recipient seeks and accepts available local employment and fulfills the obligations agreed to in the ISP.

Applicant/Recipient's Responsibilities are:

1. Must Participate in Developing the ISP and sign this document.
2. Perform successfully in work related activities, community service, training and/or other employment assistance programs developed in the ISP.
3. Participate successfully in treatment and counseling services identified in the ISP.
4. Participate in evaluations of job readiness and/or other testing required for employment purposes.
5. Demonstrate active job search/actively seeking employment by providing the Case Manager with evidence of job search activities as required in the ISP.

Applicant: _____

Date: _____

REFERRAL STATUS	DATE REFERRED	DATE TO BE COMPLETED
1. TECRO		
2. D.S.S.		
3. COUNSELING		
4. TREATMENT FACILITY		
5. SSI/SSA		
6. COMMUNITY ACTIVITY		
7. OTHER:		

SICANGU NATION

RST EMPLOYMENT & TRAINING PROGRAM – P.L. 102-477

P.O. BOX 909 – ROSEBUD, SOUTH DAKOTA 57570

PHONE: (605) 747-2393 – FAX: (605) 747-5177

AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

I hereby authorize the _____ to supply information requested by the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM** concerning me or my household and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my household by any duly authorized representative of the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM**.

Information being requested: _____

I further authorize the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM** to release such information to providers or cooperating state and/or federal agencies.

I herewith release any person, agency, or institution from any and all liability to me or my household supplying such information.

This authorization is given only in connection with its use by the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM** in its administration of its program services and/or components and for no other purpose. It shall continue in effect until such time I am no longer a participant/client of the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM**.

Signature of Client

Date

Print Name Clearly

Address

D.O.B (MM/DD/YYYY)

City

State

ZIP

Social Security #