



IOWA TRIBE OF OKLAHOMA DIRECT EMPLOYMENT ASSISTANCE

The purpose of the BIA employment assistance program is to assist Native Americans who have a job skill to obtain permanent employment. **Applicant must be adult natives residing within the service area and demonstrate a need for employment services. Applicants must be unemployed or underrepresented to receive employment services.** Only those applicants who declare and intent to accept and retain full-time permanent employment at the employment location shall be selected. **Iowa tribal members may be part-time permanent to qualify for general funded DEA service.**

These documents are required to process an application for employment assistance:

- ✓ Complete application
- ✓ Verification of residency
- ✓ Driver's license or state identification card
- ✓ Social security card
- ✓ Certificate of Degree of Indian Blood
- ✓ Written statement from the applicant as to why they want the job and that it is intended to be a full-time or part-time permanent position; include the need for the assistance.
- ✓ Employer verification (*the employer must document the following information on company letterhead*).
 - A. Job title
 - B. Beginning wages
 - C. Date to start work
 - D. First day of pay
 - E. First full day
 - F. A statement that the job is anticipated to be of a permanent nature.
 - G. Name, phone number and signature of staff person preparing document.

Funding is limited within a 90-day new hire period; all third party vendor will be paid directly.

Contact: Iowa Tribe of Oklahoma Higher Education Department

335588 E.750 RD, Perkins 74059, Oklahoma, Phone #: 405-547-2402 Ext. 3301



IOWA TRIBE OF OKLAHOMA DIRECT EMPLOYMENT ASSISTANCE APPLICATION

COMPLETE NAME & PHONE NUMBER:	MAILING ADDRESS:		DATE
APPLYING FOR: DIRECT EMPLOYMENT ASSISTANCE	Email Address:	BIRTHDATE:	Hire Date:
Do You Have Any Other Source of Income? YES or NO If yes, please explain _____ _____	Are you currently employed? YES or NO If YES, with whom? _____ _____		Employed: Full Time Part Time
Tribal Membership: _____ _____ Iowa Tribal Member? YES or NO (Please circle one)	In Case of Emergency: Name: _____ Address: _____ _____ Relationship: _____ Phone Number: _____		
EMPLOYMENT RECORD: (List Your Last 3 most recent Employers):			
From: To: Job Title: _____ Reason for Leaving: _____ Employer's Name and Address: _____ Your Duties: _____			
From: To: Job Title: _____ Reason for Leaving: _____ Employer's Name and Address: _____ Your Duties: _____			
From: To: Job Title: _____ Reason for Leaving: _____ Employer's Name and Address: _____ Your Duties: _____			

OFFICE USE ONLY

APPROVED FOR BIA SERVICES? YES or NO	AMOUNT PROVIDED: \$ _____
APPROVED FOR GF SERVICES? YES or NO	AMOUNT PROVIDED: \$ _____