SAULT TRIBE WORKFORCE INNOVATION AND OPPORTUNITY ACT APPLICATION

Applicants are to complete the unshaded areas ONLY.

1. Name (Last, First, Middle)	**2. Sex** _____Female _____Male	**3. Date of Birth** _____/_____/_____ Age:_____
4. Address **City** **State**	**5. Reside on Reservation** _____Yes _____No	**6. Ethnic Status** Tribal Affiliation:_____
Zip Code **County** **Phone No.**	**7. Email Address:**	**8.** _____ U.S. Citizen _____ Permanent Resident Alien
9. Briefly explain what service you are applying for:		

10. Do you have a High School Diploma or GED? ____Yes ____No. If Yes, year received_____ If No, date expected_____

11. Do you have a Degree? ____Yes ____No If Yes, Type of Degree_____ Date Received_____

12. Are you currently attending school or between terms? _____Full Time _____Part Time _____No.

If Yes, Name of School Attending_____

If No, Name of last school attended_____

13. Highest grade completed: ( ) Below 7th grade ( ) 7 ( ) 8 ( ) 9 ( ) 10 ( ) 11 ( ) 12 ( ) 13 ( )14 ( )15 ( ) 16

14. Are you currently enrolled in any of the following for which you will receive a certificate or Degree: Skill Center Training, occupational Training (Carpentry, Welding, Electrician, etc), Other: ___ Yes ___ No. If Yes, Date you will receive_____

15. Are you currently in the Military? _____Yes _____No

16. If not currently in the Military, do you plan on joining the Military? ____Yes ____ No. If yes, when will you enlist?_____

17. Selective Service Registrant Status

(a) If male, were you born on or after January 1, 1960? _____Yes _____No

(b) If Yes and you are 18 or over, have you registered as required by Section 3 of the Military Selective Act. _____Yes _____No

OFFICE USE ONLY: Selective Service # and Verification:

18. Have you served in the U.S. Military Service more than 180 days _____Yes _____No

Dates of Service: _____ to _____ Type of discharge_____

19. Are you the spouse of a Veteran? _____Yes _____No

PRIOR WIOA PARTICIPATION

20. Have you participated in WIOA before? ____Yes ____No. If Yes, please complete columns below.

Sponsoring Organization	City and State	Program Activity	Start Date	End Date	Outcome of Participation (Example: Gained Work Experience, Attained a License/Certification, Did not complete the program, etc)

21. Do you provide 50% or more support to any person other than yourself ____Yes ____No. If yes, how many? _____.

22. Do you receive 50% or more support from other family members living with you? _____Yes _____No.

23. Are you a single parent with dependent(s) under age 18? _____Yes _____No.

24. Are you or a family member currently receiving Public Assistance? _____Yes _____No. If yes, Identify type_____

25. Are you a foster child on behalf of whom state or local government payments are Made?_____Yes _____No

26. FAMILY INCOME List yourself and all members of your family living with you. Indicate the Source and Amount of income for each for the past six months. If you or other family members receive no income, please state "No Income". TYPES OF INCOME INCLUDE: Employment, FIP, Food Stamps/Food Commodities, General Assistance, SSI, Social Security, Pension, Disability Income, Unemployment Benefits, Child Support, Rental Income or other income not listed. RATE OF INCOME: List income earned before taxes (gross). *An adult handicapped applicant is considered a family of one.*

Family Member Name	Age	Relationship	Source of Income If employed, employer name	Frequency Week-Month	Amount of Income for Prior 6 Months	Income Guidelines Effective 4/22/26
1.						$15,960.00
2.						$21,640.00
3.						$27,320.00
4.						$33,274.00
5.						$39,276.00
6.						$45,930.00
7.						$52,584.00
Number in Family _____	Economically Disadvantaged ____Yes ____No		FOR OFFICE USE 6 months TOTAL 6 months ANNUALIZED		$ $	For each additional person, add $6,654.00

You must provide proof of income for the past six months for all members of the household.
APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF INCOME.

EMPLOYMENT STATUS: ( )Unemployed ( )Employed ( )Recipient of Layoff Notice ( )Working part-time seeking full-time work

27. Unemployed: If unemployed, have you made specific efforts to find a job throughout the period of unemployment? _____Yes _____No.
Within the past two years have you worked any full-time position for three months or longer.? _____Yes _____No.

28. Are you receiving Unemployment Compensation? ____Yes ____No. If YES, date started receiving_____

29. Have you exhausted all Unemployment Compensation benefits within the last year: _____Yes _____No.

If Yes, Date started receiving:_____ Date exhausted:_____

EMPLOYMENT INFORMATION: Provide Information on your last three jobs, listing the most recent first

Employer Name:			Address:
Supervisor:			Job Title:
Dates Employed: From_____ To _____	Hrs per Week	Wage	General Duties:
Reason for Leaving, if applicable:			

Employer Name:			Address:
Supervisor:			Job Title:
Dates Employed: From_____ To _____	Hrs per Week	Wage	General Duties:
Reason for Leaving, if applicable:			

Employer Name:			Address:
Supervisor:			Job Title:
Dates Employed: From_____ To _____	Hrs per Week	Wage	General Duties:
Reason for Leaving, if applicable:			

30. Which job did you enjoy most and why?_____

31. Are you related to any member of the Sault Tribe Board of Directors or WIOA Administration? _____Yes _____No

If Yes to either question, indicate name and relationship:_____

I understand that this application form is intended for use in evaluating my qualifications for employment, and that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also understand that false or misleading statements during the interview, on background documents, and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, financial and credit history, criminal history background and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information.

I certify that the information provided is true to the best of my knowledge. I am also 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 understand that it may be used to determine eligibility.

Applicants Signature:_____ Date:_____

Parent, Guardian, Responsible Adult:_____ Date:_____

Recertification (if more than 45 days have elapsed since original date of application.) I certify the information on this application is still correct and complete and that I have not obtained permanent full-time employment.

Signature of Applicant:_____ Date:_____

DETERMINATION OF ELIGIBILITY

IV-A	**Yes_____**	**No_____**
SYEP	**Yes_____**	**No_____**

Reason for non-selection:_____

Signature of Intake Worker:_____ Date:_____

PLEASE SUBMIT THE FOLLOWING WITH APPLICATION: Incomplete applications will be returned.

1) Verification of **ALL** Household Income for the past six months (Check stubs, unemployment, foster childcare payments, Public Assistance, Child Support, Social Security, etc.) W-2's and Tax Forms are not acceptable. Must provide verification of gross income, not net income.
2) Proof of Native American Status (Up-to-Date Tribal Card, BIA certification, etc.)
3) A Copy of School Schedule or ID card stating current year, if applying for the After-School Work Experience Program
4) Proof of residency (Utility Bill, Rent Receipt, Voters Registration, Drivers License, etc.) If a minor, report card, magazine subscription, school schedule, etc. Anything that states minors name and current address.
5) Verification of Selective Service Registration, if applicable.

***If you are under the age of 18, please remember to have a parent or guardian sign the application*.**

GENERAL PROGRAM ELIGIBILITY REQUIREMENTS:

1. **Must be Native American**
2. **Must reside within the Sault Tribes seven county service area** (Chippewa, Mackinaw, Delta, Schoolcraft, Alger, Marquette, or Luce counties)
3. **If Male, must be registered for the Selective Service, if applicable.**
4. **Must also be any one of the following:**
   a. **Unemployed** (Quitting a job voluntarily does not count as a layoff or termination)
   b. **Underemployed** (Working part time but seeking full-time employment)
   c. **Low-Income**

PLEASE RETURN APPLICATION TO:

Sault Tribe W.I.O.A. Department
Attn: Brenda Cadreau
2 Ice Circle
Sault Ste. Marie, Michigan 49783
Telephone: (906) 635-4767 - Fax: (906) 635-4981
Email: BCadreau@saulttribe.net