



Education Department Employment Assistance Policies

The purpose of the employment assistance program is to assist eligible applicants to obtain job skills and to find and retain a job leading to self-sufficiency (CFR25.26.3).

These policies were created and adopted by the higher education committee and according to 25CFR, Part 26, the Bureau of Indian Affairs Federal Regulations.

ELIGIBILITY:

You must be a citizen of the Gun Lake Tribe.

You must be 18 years of age, or 17 years of age and have a diploma or GED.

You must be unemployed for a minimum of 7 days.

Only those applicants who declare a desire and intent to accept and retain permanent employment shall be selected.

You **MUST** complete the whole application before any services can be made available.

SERVICES AVAILABLE:

The following services are available on an **UNLIMITED** basis to all citizens of the Gun Lake Tribe:

Use of a computer lab, housed at the tribal office. Internet access will be available on the computer. You must call and schedule time on the computer. Walk-ins will not be accepted.

Resume creation software- This software will assist members to create professional resumes, personalized for each job application and cover letters.

Paper, envelopes and stamps for printing and submitting resumes.

Resource Library. This library will contain books on interviewing skills, job search skills, subscriptions to area newspapers, etc.

The following Supportive services are available on a **LIMITED** basis:

If needed, a one-time, one month bus pass, or;

If needed, up to \$25 reimbursement for a taxi ride (when public transportation is not available). A receipt **MUST** be submitted.

\$100 clothing allowance for job interview clothing. Interviews must be scheduled. You **MUST** provide a receipt for the expenditures of the total amount awarded in order to be eligible for ANY further assistance. You **MUST** provide a letter from the interviewer stating when your interview is scheduled.

\$100 clothing allowance to job related clothing or accessories related to the new job. You **MUST** provide a receipt for expenditures of the total amount awarded in order to be eligible for any further assistance. You **MUST** provide a letter from the interviewer stating the date of your hire.

Once you have secured a job, you are eligible for up to \$100 as a support allowance until you receive your first payroll check. This money is to be used for food, bills, etc. An additional \$25 per dependent will be added to the \$100. A dependent is a married spouse that isn't working and children, under the age of 18 that are tribal citizens (example: a male tribal citizen married with a stay at home wife and 3 children, ages 3, 5 and 7, would receive \$200). This is a one time, one year allowance. You must sign a form stating that the money will be used for the family and will not be used to purchase alcohol or tobacco.

I have read the policies for the employment assistance program and I understand the eligibility requirements. I understand that I may access the program only one time per calendar year. By signing this, I verify that I meet the requirements and will follow the policies of the program.

Signature

Date



Education Department Employment Assistance Application

APPLICANT INFORMATION

Full Name	Tribal Enrollment Number	Social Security Number	
Permanent Street Address	City	State	Zip Code
Telephone Number	Email Address	Date of Birth (mm/dd/yyyy)	

EMPLOYER INFORMATION

Company Name			
Street Address	City	State	Zip Code
Supervisor Name	Telephone Number	Email	

EDUCATION INFORMATION

High School	HS Graduation Date	or GED Completion Date
Institute or Trade School	Degree Earned	

STATISTICAL INFORMATION

Check one/Fill in the blanks:

U.S. Citizen: Yes No Male Female

Are you a Veteran? Yes No

 If yes, please indicate years of Service: _____

Are you a foster child? Yes No

 If yes, are state or local government payments being made to your foster family? Yes No

Marital Status: Single Married Divorced Legally Separated Widowed

Do you provide 50% or more support to any person other than yourself? Yes No

 If yes, how many? _____

Do you receive 50% or more support from other family members living with you? Yes No

Please indicate last day worked: _____

Are you in need of childcare? Yes No

Are you in need of transportation? Yes No

Are you accessible to public transportation? Yes No

Do you have any substance abuse concerns? Yes No

How many weeks in the last 52 weeks have you been employed? _____



Education Department
Employment Assistance Contract

INTERVIEW CLOTHING ALLOWANCE

By signing this statement, I am stating that I have a job interview scheduled. I also agree to provide the Tribe with a letter from the interviewer stating when my interview is scheduled. In order to receive the clothing allowance, I understand that I must purchase my interview clothing and provide the Tribe with a receipt, or I may schedule an appointment at least 24 hours in advance for the Tribe to purchase the clothing for me.

Signature

Date

SUPPORT SERVICES

By signing this statement, I verify that I have secured a job and that I agree to only spend the money awarded for necessary items for me and/or my family until I receive my first paycheck. I will not use the money to purchase alcohol or tobacco. I agree to provide the Tribe with proof of my employment from my employer.

Signature

Date

JOB RELATED CLOTHING/ACCESSORIES ALLOWANCE CONTRACT

By signing this statement, I am stating that I have secured a job. I agree to provide the Tribe with proof of my employment from my employer. In order to receive the clothing/accessories allowance, I understand that I must purchase my clothing and accessories and provide the Tribe with a receipt for reimbursement, or I may schedule an appointment at least 24 hours in advance for the Tribe to purchase the clothing/accessories for me.

Signature

Date