AanjiBimaadizing

Application for Employment & Training Services

**Completed Applications MUST include the following:**

|  |  |
| --- | --- |
| * **Photo ID**
 | * **Proof of Residency**
 |
| * **Proof of Tribal Enrollment or MLB 1st Descendancy**
 |

***The information you provide will be kept confidential and protected under the DATA PRIVACY ACT, unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs, as well as make the appropriate referrals.***

**Please complete the information requested on the other side and return to an Intake Specialist**

AanjiBimaadizing ⎜43408 Oodena Drive, Onamia, MN 56359 ⎜ 800-922-4457 or 320-532-7407

## Application for Services

|  |
| --- |
| Applicant Information |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Anishinaabe Name: |  |  |  |
| Address: |  |  |  |
|  | Street Address |  | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Home Phone: | ( ) | Date of Birth: |  |
| Other Phone: | ( ) | Social Security Number: |  |

Tribal Affiliation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Required Information |
| **This information is being requested in accordance with federal funding requirements. Incomplete information will result in a delay in processing your application and/or denial of services.** |

**Eligibility:** Please check the following that apply to you

[ ]  I am an Enrolled Member of the Mille Lacs Band of Ojibwe, another Federally Recognized Tribe or MLB First Generation Descendant

[ ]  I reside in one of the following counties: Aitkin, Anoka, Benton, Crow Wing, Hennepin, Mille Lacs, Morrison, Pine or Ramsey

[ ]  I have at least ONE of the following Barriers to Employment (please select all that apply)

[ ]  Transportation

* + - *Driver License is canceled, revoked, suspended or never had a driver license*
		- *No car or insurance*

[ ]  Medical

* + - *Do you have any medical condition(s) preventing you from employment?*

[ ]  Chemical Dependency

* + - *Do you have chemical dependency issues?*

[ ]  Legal

* + - *Do you have any legal issues (felony conviction(s), pending case(s), probation/parole, or recently released from incarceration)?*

[ ]  Child Care

* + - *Do you currently require child care and are unable to access it?*

[ ]  Education

* + - *No High School Diploma/GED OR Current Student*

Are you currently employed? \_\_\_No \_\_\_Full-Time \_\_\_Part-Time \_\_\_Temporary \_\_\_Underemployed

Are you a Veteran? \_\_\_Yes \_\_\_No If a Male Age 18-25, Selective Services #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current or Last Hourly Wage (past 30 days): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby certify that the above information is accurate and true to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name Print Name of Parent/Guardian (if applicable)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Applicant Date Signature of Parent/Guardian Date