

Direct Employment Application

Basic Eligibility

- **Enrolled member of a federally recognized tribe**
- **Live in Ottawa County**
- **Have application completed and turned in before first paycheck**
- **90 days to have everything completed (receipts returned)**
- **Eligible for this program TWICE in lifetime.**

REQUIREMENTS TO SUBMIT APPLICATION

- **Completed Application**
- **Tribal enrollment card**
- **Social Security Card**
- **Driver's license or state I.D**

ALLOW 10-14 WORKING BUSINESS

DAYS FOR APPROVAL OR DENIAL.

IF YOU HAVE ANY QUESTIONS PLEASE CALL: 918-238-3152

EMPLOYMENT (Please list 4 most recent places of employment)

From _____ To: _____

Employers Name _____

Address _____ City _____ Zip _____

Job title _____ Rate of pay _____ per _____

Description of job duties _____

Reason for leaving _____

From _____ To: _____

Employers Name _____

Address _____ City _____ Zip _____

Job title _____ Rate of pay _____ per _____

Description of job duties _____

Reason for leaving _____

From _____ To: _____

Employers Name _____

Address _____ City _____ Zip _____

Job title _____ Rate of pay _____ per _____

Description of job duties _____

Reason for leaving _____

From _____ To: _____

Employers Name _____

Address _____ City _____ Zip _____

Job title _____ Rate of pay _____ per _____

Description of job duties _____

Reason for leaving _____

CERTIFICATION OF EMPLOYMENT

To: Quapaw Tribe of Oklahoma
Direct Employment Program
P.O. Box 765
Quapaw, OK 74363

This is to verify that _____ has been
(Name)
employed as a _____ at a beginning wage of
(Job Title)
\$ _____ per _____
(hourly/weekly/bi-weekly/monthly)

Date to start or date started work _____ First payday
is scheduled for _____; the
employee will receive a _____ paycheck.
(Full or Partial)

Employment is expected to be _____
(Temporary or Permanent)

Employment is expected to be _____
(Part Time or Full Time)

Authorized Signature

Company Name

Address

Phone

Note to Employer: The above named individual has requested financial assistance to his/her first paycheck from the Quapaw Tribe's Direct Employment Program. The requested information is required in order to confirm that he/she has, in fact, obtained employment and for statistical-reporting purposes. Neither your company nor the employee's name will be included in the reports.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

1. The authority for solicitation of the information on this form is 25 USC 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 25 USC 309).
2. Disclosure of the requested information by the applicant is voluntary, but **REQUIRED** to obtain benefits/services.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA/Quapaw Tribal and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of this information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or **DENIAL** in receiving training or job placement assistance you are seeking.

I HAVE READ THE ABOVE STATEMENT; I HEREBY PROVIDE THE REQUIRED INFORMATION AND AUTHORIZE THE USE OF SUCH INFORMATION TO THE EXTENT OF THE USES SPECIFIED IN THE STATEMENT.

Applicant Signature

Date

Interviewer/Counselor Signature

Date