DIRECT EMPLOYMENT APPLICATION CHECK SHEET

DEAR: ___________________________ DATE: ___________________________

The documents checked below are still needed to complete your file. If you wish to be placed on the active priority list for funding, please submit those documents needed as soon as possible. As positions become available, you will be placed higher up on the waiting list until your application can be considered for funding. If you do not plan to continue with your Direct Employment Application, please contact our office.

NEEDED DOCUMENTS:

_____ Letter of Hire

_____ Application

_____ Verification of Enrollment

_____ Birth Certificate

_____ Social Security Card

_____ Driver’s License

_____ Physical Exam (If Applicable)

_____ Verification of Residency

If you have any questions or concerns regarding this notice, please feel free to contact our office.

Sincerely,

Career Guidance Counselor

Cc: Applicant File
ADULT VOCATIONAL TRAINING PROGRAM

DIRECT EMPLOYMENT APPLICATION

Number: _______________________

Applying for:  □ Vocational Training   □ Direct Employment   □ Other ________________

□ New  □ Returning – Date of Previous AVT Award: ____ / _____ / _____ Agency: ________________

Name: ___________________________________________ Social Security No. _______ - _____ - ______

Address: ___________________________________________ Phone No.: ( _____ ) ________ - __________

Tribe & Number: __________________________ Date of Birth: ____ / ____ / ____ Veteran:  □ Yes  □ No

Marital Status:  □ M  □ S  □ D/Sep. Number of Dependents Living With You: __________________________

□ High School Diploma    Date of Grad:  ____ / ____ / ____    □ G.E.D.    Date Taken:  ____ / ____ / _____

Institution Attending or Job Site: ________________________________________________________________

Start Date: ____ / ____ / ____   Completion Date:  ____ / ____ / ____    Major: _________________________

College Grade Completed: ___________________    Degree Received: ________________________________

Employment History: Please list all previous employment & locations.

1. ___________________________________________ Date: ____ / ____ / ____    Title:  ____________________

2. ___________________________________________ Date: ____ / ____ / ____    Title:  ____________________

3. ___________________________________________ Date: ____ / ____ / ____    Title:  ____________________

Under the Federal Privacy Act of 1974, Federal Agencies cannot release information about you to anybody without your authorization.


2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.

3. The purpose of this information collection is to determine your eligibility for services.

4. The routine use of this information is to evaluate your request and to assist you before and during your training. After completion, or if this application is for Direct Employment, parts or all of the information will be provided to employers for employment consideration.

5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance.

I have read the above statement. I hereby provide the required information and authorize the use of such information as specified. I also understand that if I unofficially withdraw/separate from training/employment without notification, I will be terminated from the program and be required to refund the assistance I received. I further understand that I must maintain minimum academic and attendance requirements required by the school to complete my training program. I authorize the educational institution/employer to release my grades and any information which would assist in completing vocational training/employment.

Date: _____ / _____ / _____          Signature:  ___________________________________________________________

OFFICIAL USE ONLY

□ Initial          □ Repeat - # Services: __________          □ Eligible          □ Ineligible ______________

□ Approved    □ Disapproved    Manager/Counselor: ________________________________________________________________

Post Office Box 151, Fort Road, Toppenish, WA 98948 (509) 865-5121, Ext. 4542, 4540
DIRECT EMPLOYMENT ASSISTANCE
LETTER OF HIRE: VERIFICATION FROM EMPLOYER

DEAR EMPLOYER,
__________________________________________, has applied for Direct Employment Assistance service. He/She may be receiving financial assistance after obtaining and retaining full-time employment status, which is 40 hours per week, and is a job that will last up to one year or more.

In the event that your organization hires him/her, we would appreciate the following information would be provided to this AVT/DE program. To assist program eligibility the following information is needed.

1. Job Title: __________________________________________________________

2. Date Employment Starts:______________________________________________

3. Is Job Permanent Full Time (40 Hrs. per week):  _______________YES_______________NO

4. Beginning Wage:____________________________________________________________________

5. First Payday:___________________________  6. First Full Paycheck:____________________

_____________________________________              ______________________________________
Name of Organization                                                    Signature of Employer

_____________________________________              ______________________________________
Address                                                                          Title

_____________________________________              ______________________________________
City, State, Zip Code                                                     Telephone Number

This information is kept confidential with the exception of numbers 1, 3, & 4, which will be used in submitting statistical information to our Central Office. No other information will be released with out your permission. If you have any questions, please call our office at (509) 865-5121, Ext. 4542 or 4540.

Sincerely,

Career Guidance Counselor

Permission is granted to release the above requested information pertaining to my employment.

_________________________________________              __________________________/
Applicant’s Signature                                                                            Date