

# Seminole Nation of Oklahoma

## Career Services

P.O. Box 1498 Wewoka, OK 74884

12575 NS 3540 Seminole, OK 74868



### APPLICATION

#### INFORMATION:

Name: \_\_\_\_\_  
FIRST LAST MI MAIDEN

Address: \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP COUNTY

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Gender: \_\_\_\_\_  
MALE/FEMALE

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
NAME & NUMBER

What is your current marital status?  Single  Married  Divorced  Widowed  Separated

What is your current labor force status?  Unemployed  Employed  Student  Underemployed

Are you currently, or have you ever been in the armed forces?  Yes  No

Branch: \_\_\_\_\_ Years: \_\_\_\_\_

Do you have your own reliable transportation?  Yes  No

Do you have a valid driver's license?  Yes  No

Driver's License Information: \_\_\_\_\_  
NUMBER STATE EXPIRATION DATE

Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

Were you required to register for the Selective Service?  Yes  No

If yes, did you register for the Selective Service?  Yes  No

Selective Service Number: \_\_\_\_\_

#### EDUCATIONAL STATUS:

Please check all that apply:

High School Drop-Out  Attending High School

High School Graduate  Attending College/Vo-Tech  College/Vo-Tech Graduate

If you did not graduate from High School, did you earn your GED?  Yes  No

Name of High School Attended: \_\_\_\_\_

Graduation year/or last year of attendance: \_\_\_\_\_

Name of College/Vo-Tech Attended: \_\_\_\_\_

Graduation year/or last year of attendance: \_\_\_\_\_



APPLICANT NAME:

TODAY'S DATE:

**HOUSEHOLD INCOME:**

Please check any of the following that you or persons in your household are receiving:

- |   |   |
|---|---|
| <input type="checkbox"/> General Assistance (State/Local Government)      | <input type="checkbox"/> Child Care Assistance Program          |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)    | <input type="checkbox"/> Foster Child Payments                  |
| <input type="checkbox"/> Supplemental Security Income (SSI-SSA Title XVI) | <input type="checkbox"/> Tribal Work Experience Program (TWEPE) |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)      | <input type="checkbox"/> USDA Commodity Program                 |
| <input type="checkbox"/> Food Stamps                                      | <input type="checkbox"/> Other Public Assistance                |

Type: \_\_\_\_\_

**BARRIERS:**

Please check any of the following items that could obstruct your goal of self-sufficiency:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Lack of Transportation     | <input type="checkbox"/> No GED/HS Diploma | <input type="checkbox"/> Substance Abuse   |
| <input type="checkbox"/> Lack of a Driver's License | <input type="checkbox"/> Homelessness      | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Lack of Work History       | <input type="checkbox"/> Payment of Fines  | <input type="checkbox"/> Disability        |
| <input type="checkbox"/> Lack of Child Care         | <input type="checkbox"/> Felony Conviction | <input type="checkbox"/> Pregnancy         |

Please provide any other barriers that you feel contributed to your situation: \_\_\_\_\_

From which program within Seminole Nation Career Services are you seeking assistance?

- |   |              |
|---|--------------|
| <input type="checkbox"/> Job Placement & Training               | 405-382-4009 |
| <input type="checkbox"/> Tribal Employment Rights Office (TERO) | 405-303-2476 |
| <input type="checkbox"/> Career Development (WIA)               | 405-303-2840 |

Please describe the type of assistance you are seeking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, certify that to the best of my knowledge, all of the information provided in this application is correct. I understand that misrepresentation is grounds for disqualification from current or future consideration. In addition, I hereby grant permission to the Seminole Nation Career Services Programs to investigate and verify any information provided in this application.

**Applicant's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_