## U.S. DEPARTMENT OF THE INTERIOR BUREAU OF INDIAN AFFAIRS

## APPLICATION FOR DIRECT EMPLOYMENT ASSISTANCE

Only those applicants who declare a desire and intent to accept and retain **full time permanent employment** at the employment location chosen shall be selected.

Full Name:			Date:	
Mailing Address:		_City:	State:	Zip Code:
Date of Birth: Marrial Status: Single Marri	Social Security #:_ edNumber of Depender	nts: Veteran: Y	Phone: No	
Education Highest Grade Completed:	Type of Certificate: I	H.S. Diploma G	ED HSI	ED None_
Employment Data Current	tly Employed? YES No	O Start Date:		
Employer Name:Employer Address:Employer Phone #: Job Title:		City: Supervisor/Contact:		
<b>Employment Record</b>				
From:/ To:/ Employer Address: Description of Duties: Reason for leaving:			Job Title: State:	_Zip Code:
From:/ To:/ Employer Address: Description of Duties: Reason for leaving:	_ Employer Name:	J		Zip Code:
Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit. The purpose of this information collection is to determine your eligibility for services. I hereby provide the required information and authorize the use of such information to the extent of those specified in the statement.				
Applicant Signature			Date	,
********************  For Agency Use: ENROLLME I hereby certify that theI hereby certify that the combination of blood d	above named applicant is a above named applicant is a egree totaling 1/4.  Degree	s / is not a member	of the Lac Co LCO Tribal Mo	urte Oreilles Tribe.
Certifying Official Signature &	Title			Date
Office Use Only Is the position full-time? Is the position permanent?	YES NO If no, expl YES NO If no, expl	lain:lain:	(2)	
Approved:	YES 1 2 NO If no, expl	lain:		
Interviewer Signature:		Date:		