



**Seminole Nation of Oklahoma
Tribal Employment Rights Office**

P.O. Box 1498

Wewoka, OK 74884

Phone Number: (405) 257-7200

Fax Number: (405) 234-5298

Name: (Last, First, Middle Initial): _____ **Date of Application:** _____

Mailing Address: _____ **Email Address:** _____

Tribal Affiliation/Member: _____ **Valid Driver's Licenses:** ____/____/_____

Social Security Number: ____/____/____/ **Date of Birth:** ____/____/____ **Age:** ____ **Male/Female**

Highest Grade Completed: _____ **Any Felony Convictions:** ____/_____

Tel. No.: (____) _____ - ____ **ALT. No.:** (____) _____ - ____ **Dependable Transportation:** Y/N

Name, Address & Phone No. of current landlord or person residing with: _____

Do you live in Tribal Housing: Y/N? **Veteran Y/N?** **Single:** ____ **Widow:** ____ **Married:** ____

Divorced: ____ **Separated:** ____ **# of Dependents:** ____ **# of Adults in Household:**

Children in School: _____ **Registered with Selective Service:** Y/N?

❖ **List all person living in the Household:**

Name:	Age:	Relationship	Employed/Where

❖ **Employment Record: (list at least 3 past employment)**

From: _____ **to:** _____

Employer

(Name): _____

Address:

Job Title: _____ **Description of Duties:** _____

List Skill/ Experience attained:

Reason for Leaving:

❖ Employment Record: (list at least 3 past employment)

From: _____ to: _____

Employer

(Name): _____

Address:

Job Title: _____ Description of Duties: _____

List Skill/ Experience attained:

Reason for Leaving:

❖ Employment Record: (list at least 3 past employment)

From: _____ to: _____

Employer

(Name): _____

Address:

Job Title: _____ Description of Duties: _____

List Skill/ Experience attained:

Reason for Leaving:

Applying for:

Job Search: _____ Employment Assistance: _____ Work Experience: _____

Source of income:

Wages: _____ Retirement: _____ SSI: _____ DHS: _____ Snap/Food Assistance: _____

Unemployment: _____ Other _____ Est. Monthly/Annual Income

\$ _____

Employment Status:

Employed _____ Full Time _____ Part Time _____ Unemployment _____

What, if any occupational license skill certification do you possess?

Have you received any post high school education and training?

Rank you skill level in each area: 1 no experience 2- Basic Knowledge 3 Advanced

Computers _____ Clerical _____ Calculators _____ Sales _____

Office Equipment _____

Limitations/Barriers to Employment:

Handicapped/Disabled _____ - Offender _____ Homeless _____

Lack adequate/Significant work experience _____ Medical Problems _____

Pregnant/Parenting Teen? _____ No education/Training Facility in area: _____

List any physical limitation that would interfere with training or employment?

Please explain:

Have you had any previous training? Yes _____ No _____ If yes please explain:

Have you received assistance from the Job Placement & Training, Judgment fund, Family Services, Social Services' General Assistance with in the last two Years? Y/N

List the program/s provided date(s) type/s of assistance:

How did you hear about our program:

_____?

PHOTO RELEASE: I AGREE TO HAVE MY PICTURE DISPLANED IN THE TRIBAL OFFICES, TO BE AN ENCOURAGEMENT TO OTHER PARTTICIPANTS WHO HAVE ACCOMPLISHED THEIR GOAL(S) THROUGH THIS PROGRAM? Y/N

SO, I HERBY GIVE THE SEMINOLE NATION OF OKLAHOMA TRIBAL EMPLOYMENT RIGHT OFFICE PERMISSION TO USE MY PICTURE AND NAME FOR DISPLAN IN TRIBAL NEWS, WEBSITE, PROGRAM BROCHURES, POWER-POINT PRESENTATIO FOR THE PURPOSTES OF PROMOTIN IN THE SUCCESSES OF THE SEMINOLE NATION PROGRAMS

Application for eligibility to the Seminole Nation of Oklahoma Tribal Employment Right Office program does not guarantee training or services, only eligibility. Any course area of participation must be planned with a counselor.

I, _____ do hereby authorize the Seminole Nation of Oklahoma Tribal Employment Right Office also known as TERO programs to obtain or release information included in the application for verification of employment, eligibility for service, assistance sought on my behalf other social services program or Education Institutions for verification of information that I have provided, and/or for reporting purposes, regarding my employment status and/or family income to the Seminole Nation of Oklahoma Employment & Training Programs. The residency, income and all other verification from this application will be used to determine my eligibility or ineligibility to participate in the employment and training programs of the Seminole Nation of Oklahoma. I attest to the information I stated is true and accurate and that I may be disqualified from the program and will be required to reimburse the Seminole Nation of Oklahoma for any funds received by me, or expended on my behalf because of information provided fraudulently by me. I am aware that the information given is subject to review and if I refuse to comply by not signing I therefore have reconsidered and understand this application is incomplete, and/or if this statement is found to be false, and/or if I don't reimburse the Seminole Nation of Oklahoma TERO program, I am subject to prosecution for fraud and/or perjury I realize this information will be turned over to the proper authorities for process.

Applicant Signature:

Date:

Director's Signature:

Date:

All documents must be completed and turned in before application is complete.

A follow-up can be conducted after receiving assistance for up to 6 months.