

**APPLICATION FOR: E B C I - WORKFORCE TRAINING PROGRAM**  
**P. O. Box 481 / 810 Acquoni Rd. Cherokee, NC 28719 828 359 - 6650**

**You Must Be**

An enrolled member of the EBCI or any other Federally Recognized Tribe  
 Be at 18 years of age and out of high school (graduate or not)  
 Unemployed seven consecutive days prior to filling out this application  
**Or** Under employed with proof from your current employer  
**Reside** on Reservation Land  
**Males Only:** Be registered for Selective Services

**You must submit with this application:**

Tribal Enrollment document, Social Security Card and (valid Driver License - if applicable)  
 A copy of your High School Diploma or GED Certificate or transcript indicating your graduation date.

This application must be filled out using black or blue ink only.

Date: \_\_\_\_\_

First Name same as SS card	M I	Last Name: same as SS card	Other Last Names Used	Maiden Name

Physical Address House # & Road Name <b>Required</b>	Contact Number

City / Town	Sate	ZIP

Mailing Address <b>if Different from Physical address</b>	County

Tribal Affiliation: <b>If Other Than EBCI</b>	Membership / Roll Number	Previously served by this program
		___ NO ___ Yes: What Year

**(OPTIONAL) THE PROGRAM MAY DISCUSS MY APPLICATION WITH THE PERSON INDICATED BELOW.**

Name:	Contact Number:

**Are you registered with the Selective Services?**

Are you Claiming veteran's preference? (**attach verification**)

Did you have an Honorable Discharge? (**Attach verification**)

Are you a disabled veteran **OR** the spouse of one, due to a service related reason:

State the percent of disability: (**Attach verification**)


FOR OFFICE USE:		
Applicant is assigned to:	_____ Trainee Pool	_____ GED Program
Staff Initials:	_____	

## EMPLOYMENT HISTORY

Begin **with your current** employment if applicable. If **currently employed, a statement from your employer is required. The statement must indicated if you are under-employed.**

Employer Name: _____	Start: ____/____/____ Mo. Yr.	Stop: ____/____/____ Mo Day Yr.
Rate of Hourly Pay: _____ Number of Hours per week: _____		
Duties: _____		
Reason for Leaving and: <b>If Terminated, WHY?</b> _____		

Employer Name: _____	Start: ____/____/____ Mo. Yr.	Stop: ____/____/____ Mo Yr.
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Employer Name: _____	Start: ____/____/____ Mo. Yr.	Stop: ____/____/____ Mo Yr.
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## Consent for Release of Information

I authorize the release and/or communication of information pertaining to my applying to and if approved, participating on the workforce program. Information can be discussed with other Service Providers i.e. but not limited to: DSS, Child Care facilities, Schools, Juvenile System, Courts, Police, PO Officer, or other provider Agencies. I understand disclosure information can be, information on my application, duration of participation, training site, wage, performances, etc. ADDITIONALLY; Information may be release to verification and determine eligibility for the program. Your initials indicate you agree to the release of information. Initials: \_\_\_\_\_

## CERTIFICATION

I certify that the information provided is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment or approval to participate and may be prosecuted for fraud and/or perjury.

**NOTE:** Copied applications or if received by fax will not be accepted. (exception: Institutions)

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Applicant Signature

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Date

# PERSONAL SKILLS SURVEY

*Check all categories you feel applies to you*

## ***Positives***

- \_\_\_\_\_ I am easy going/patient
- \_\_\_\_\_ I like to work: \_\_\_\_\_ with people, \_\_\_\_\_ alone OR \_\_\_\_\_ either way
- \_\_\_\_\_ I maintain an organized work area
- \_\_\_\_\_ I can multi-task
- \_\_\_\_\_ I am good at keeping track of many details
- \_\_\_\_\_ I take pride in work I do
- \_\_\_\_\_ I am flexible (can work a varied schedule/job duties & adjust to change)
- \_\_\_\_\_ I understand confidentiality
- \_\_\_\_\_ I am more: \_\_\_\_task oriented OR \_\_\_\_ project oriented

I prefer \_\_\_\_\_ a physically active OR \_\_\_\_\_ a stationary work environment  
\_\_\_\_\_ indoors \_\_\_\_\_ outdoors OR \_\_\_\_\_ either way

## ***Drawbacks***

- \_\_\_\_\_ I cannot work:  
\_\_\_\_\_ evenings \_\_\_\_\_ nights \_\_\_\_\_ weekends WHY:
- \_\_\_\_\_ I have trouble talking to people
- \_\_\_\_\_ I have limited work experience
- \_\_\_\_\_ I am computer illiterate
- \_\_\_\_\_ I cannot travel – WHY: \_\_\_\_\_
- \_\_\_\_\_ I do not want to take care of people in the following area(s),  
\_\_\_\_Child Care Facility \_\_\_\_Nursing Home \_\_\_\_In Home \_\_\_\_Hospital

View the various categories of occupational skills, check all that **you have** some **Experience and/or Knowledge of**.

Be mindful that experience/knowledge does not have to be paid to be indicated.

**ADMINISTRATIVE/CLERICAL:**

<input type="checkbox"/> Typing	<input type="checkbox"/> Scheduling	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Procurement
<input type="checkbox"/> Accounting	<input type="checkbox"/> Dictation	<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Receptionist

**Computer Skills:**

<input type="checkbox"/> Programming	<input type="checkbox"/> Word	<input type="checkbox"/> Works	<input type="checkbox"/> Excel
	<input type="checkbox"/> Power Point	<input type="checkbox"/> Microsoft Pub.	<input type="checkbox"/> Access

**CAREGIVER:**

<input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult
<input type="checkbox"/> Disabled	<input type="checkbox"/> Senior Citizens	<input type="checkbox"/> Elderly

**EMERGENCY MANAGEMENT:**

<input type="checkbox"/> Disaster Mgnt.	<input type="checkbox"/> 1st Responder	<input type="checkbox"/> E.M.T.	<input type="checkbox"/> 1st . AID/CPR
		<input type="checkbox"/> Fire & Rescue	<input type="checkbox"/> Emergency shelter

**MEDICAL SERVICES:**

<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Billing	<input type="checkbox"/> Terminology	<input type="checkbox"/> Dietary
<input type="checkbox"/> PT	<input type="checkbox"/> X-Ray	<input type="checkbox"/> Lab Tech.	<input type="checkbox"/> Dental
	<input type="checkbox"/> Candy Striper	<input type="checkbox"/> C N A	<input type="checkbox"/> Scheduling

**CONSTRUCTION OR INSTLATION RELATED :**

<input type="checkbox"/> Roofing	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Masonry	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Metal Buildings	<input type="checkbox"/> Brick/Block	<input type="checkbox"/> Vinyl Siding	<input type="checkbox"/> Fences
<input type="checkbox"/> Concrete	<input type="checkbox"/> Windows	<input type="checkbox"/> Retaining Walls	<input type="checkbox"/> Dry Walls
<input type="checkbox"/> Pools	<input type="checkbox"/> Decks	<input type="checkbox"/> Sky Lights	<input type="checkbox"/> Electrical
<input type="checkbox"/> Air/Heat Units	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Ramps	<input type="checkbox"/> Doors
<input type="checkbox"/> Windows	<input type="checkbox"/> Steps	<input type="checkbox"/> Counters	<input type="checkbox"/> Security System
		<input type="checkbox"/> Paneling	<input type="checkbox"/> Wall Paper
<b>Flooring:</b>	<input type="checkbox"/> Wood	<input type="checkbox"/> Tile	<input type="checkbox"/> Carpet

**Public Services:**

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Animal Control
<input type="checkbox"/> Animal Caretaker	<input type="checkbox"/> Sales	<input type="checkbox"/> Ticket Booth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tour Guide

**Ground Maintenance:**

<input type="checkbox"/> Push/Ride Mower	<input type="checkbox"/> Weed Eater	<input type="checkbox"/> Hedge Trimmer
<input type="checkbox"/> Power Saw	<input type="checkbox"/> Shredder	<input type="checkbox"/> Mulching
<input type="checkbox"/> Landscaping	<input type="checkbox"/>	<input type="checkbox"/> Composting

**VEHICLE, MACHINERY, Electric Tools, & EQUIPMENT OPERATOR**

<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Trash Truck	<input type="checkbox"/> Tractor/Trailer	<input type="checkbox"/> Bus
<input type="checkbox"/> Fire Truck	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Back Hoe	<input type="checkbox"/> Track Hoe
<input type="checkbox"/> Tow Truck	<input type="checkbox"/> Bucket Truck	<input type="checkbox"/> Grader	<input type="checkbox"/> Dozer
<input type="checkbox"/> Ditch witch	<input type="checkbox"/> Jack Hammer	<input type="checkbox"/> Welder	<input type="checkbox"/> Generator
<input type="checkbox"/> Log/wood Splitter	<input type="checkbox"/> Sander	<input type="checkbox"/> Tiller	<input type="checkbox"/> Circular Saw
<input type="checkbox"/> Nail Gun	<input type="checkbox"/> Band Saw	<input type="checkbox"/> Scroll Saw	

**Mechanical Related:**

<input type="checkbox"/> Tire Changing	<input type="checkbox"/> Tire Pressure	<input type="checkbox"/> Wheel Balance	<input type="checkbox"/> Brakes
<input type="checkbox"/> Transmission	<input type="checkbox"/> Oil Change	<input type="checkbox"/> Body Work	<input type="checkbox"/> Painting
<input type="checkbox"/> Window Tinting	<input type="checkbox"/> Detailing	<input type="checkbox"/> Engine Repair	<input type="checkbox"/> Starter

List other skills you have that are not listed on this survey.

<hr/>	<hr/>
<hr/>	<hr/>




Type of Training you are seeking

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Do Not List The Word **Anything**

## DEMOGRAPHIC INFORMATION

Most of the information on this page is for **grant reporting** ONLY; not for determining eligibility. It also aids in how the program will select applicants when the number to be served become limited.

<hr/>		M	F	<hr/>		___ Single	___ Married
Social Security Number		Gender		D O B			
<b>Education</b>							
<input type="checkbox"/>	Not In School		___ HS Graduate	___ GED	___ HS Drop Out		
<input type="checkbox"/>	Currently In College		___ F T	___ P T			
<input type="checkbox"/>	Completed College		YES	NO			

Type of Degree \_\_\_\_\_ Field of Study \_\_\_\_\_

Can you accept employment if the opportunity presents itself? \_\_\_\_\_

If **NO** explain why:

## Public Assistance Recipient

<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	Commodities	<input type="checkbox"/>	SSDI
<input type="checkbox"/>	General Assistance	<input type="checkbox"/>	WIC	<input type="checkbox"/>	SSI-SSA
<input type="checkbox"/>	TANF/Work First Assist.	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	OTHER: _____

**Check all that apply to you and submit required documentation for any topic with an \***

<input type="checkbox"/>	Have a dependent under age 18	<input type="checkbox"/>	Have Driver License
<input type="checkbox"/>	Single Head of Household	<input type="checkbox"/>	No Driver License:
<input type="checkbox"/>	Have or Can secure childcare	<input type="checkbox"/>	can get Driver License
<input type="checkbox"/>	Have a disability : <b>official support document</b>		When? _____
<input type="checkbox"/>	Substance Abuse: <b>If yes see next question</b>		
<input checked="" type="checkbox"/>	Interested in Counseling Information	<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	Currently Receiving Counseling	<input type="checkbox"/>	Yes

## Employment Status

☐ Unemployed ☐ Lay Off: Lay off notice Required  
☐ Under Employed: support document from current employer Required

What is your current monthly **household** Income? \$ \_\_\_\_\_

Number of persons residing in the home \_\_\_\_\_

## Pre Employment Drug/Alcohol Testing

The tribe has established certain requirements for applicants approved for participation on our Workforce Training Program. One of these requirements is to submit to a pre-employment drug/alcohol testing with favorable (aka negative) test results. In addition; once you enter the program; you are subject to random testing for one or all of the following: drug usage, post-accident and reasonable suspicion; (requested by your supervisor, program specialist, program supervisor or manager).

I have read the above statement, and I understand it. I understand if I am selected to participate on the Workforce Training Program I am required to be tested for drug/alcohol use. Additionally, I understand I am subject to random drug testing during my participant period.

By signing below, I consent to drug testing in the form of hair and/or urine samples and to the testing of such samples by a drug-testing laboratory designated by the EBCI. I hereby consent to the release of the test results from the laboratory to a designated EBCI Agent. I release and discharge the EBCI, its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made by EBCI based, in whole or in part upon the result of such test.

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Date

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Applicants Signature

Note: If you are qualified and when you are approved for participation on the workforce-training program, you will receive notification from the program office as to when you are to go for the drug/alcohol-screening test. You will be notified of your results regardless of the status of your results.

## NOTICE OF MANDATORY CRIMINAL HISTORY CHECKS

Federal law requires that a criminal history check be conducted on all individuals whose duties and responsibilities would allow them regular contact with or control over children. The Eastern Band of Cherokee Indians (EBCI) and affiliated entities (i.e., covered employers) also require that a criminal history check be conducted on all participants who will have **regular contact** with or **control over** children.

Covered employers will allow as a participant trainee, only individuals who meet the standards of character-required individual fitness to have responsibility for the safety and well-being of children as outlined in the Cherokee Code. Before you can be placed in an environment that is applicable, you must be approved by passing the background check.

Your Signature will indicate that you are now aware of the mandatory criminal records check as a condition of your participation on our program, if placed in a position or environment where a background check is applicable. You have a right to obtain a copy of the criminal history check that will be made available to the covered employer and the right to **challenge the accuracy and completeness** of the information contained in the report to the proper officials, not to the program.

I authorize the Eastern Band of Cherokee Indians to perform a criminal history check in connection with my fitness to be an employee (regular or non-regular status) or volunteer for EBCI. I understand that EBCI Education and Training Workforce Training Program, shall not be held legally accountable in any way for providing my identifying information to any consumer credit agency, Federal Bureau of Investigation, state, local or tribal entities. I release EBCI, including the **workforce training** programs, from all liability, which may be incurred because of furnishing such information. ADDITIONALLY; I authorize the release of any information, record, file or document requested by the EBCI from any private or public institutions, organizations, and governmental agencies. All information may be furnished as if I in person or in writing make the request.

**This form is for applicants who are 18 years of age or older.**

If the program places the applicant in an environment that requires a criminal history check the applicant will be notified.

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Print Name

Applicants Signature Required

Date

**YOU MUST INDICATE ANY CHARGES/CONVICTIONS AGAINST YOU. REGARDLESS OF THE OUTCOME, IF YOU HAVE NOT BEEN TO COURT YET OR THE LOCATION**

\_\_\_ a crime that involves a child (abuse of any kind)      \_\_\_ Domestic Violence

\_\_\_ a crime involving alcohol      \_\_\_ a crime involving drugs

\_\_\_ Assault (of any nature)      \_\_\_ been declared a felon

\_\_\_ Larceny      \_\_\_ Driving offenses:\_\_\_\_\_



Other: State \_\_\_\_\_