



Seminole Nation of Oklahoma Tribal Employment Rights Office (TERO)

P.O. Box 1498
Wewoka, OK 74884

Phone: 405-303-2476
Fax: 405-303-2242

THE FOLLOWING DOCUMENTATION IS REQUIRED TO BE CONSIDERED COMPLETE

- 1. Copy of the Tribal Enrollment or CDIB Card (must be a member of a Federally recognized Tribe or Alaska or Native Hawaiian or be able to document tribal affiliation)**
- 2. Social Security Card**
- 3. Household Income (Provide check stubs for the last 6 months, benefit letters, unemployment letter, etc.) Income is calculated on a 6 month bases, from date of application, therefore all income verification must be provided for that time frame. If head of household is self-employed please attach current paystub.**
- 4. Proof of residence in Seminole County (copy of postmarked mail, current driver's Licenses, verification must have clients name on it)**
- 5. Drivers license or Photo Identification**
- 6. Disability: Doctor statement or letter**
- 7. Selective Services (any male born after 1959 must show proof of registration number or letter of reason for not registering)**
- 8. Veteran of U.S. Military Copy of card or**
- 9. Achievement and/or certifications: (any certificates; diplomas, transcripts, or certifications received)**



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PLEASE MAKE SURE ALL BLANKS ARE FILLED IN FOR THIS APPLICATION TO BE CONSIDERED COMPLETE

Applying for:

Job search ____ Employment Assistance ____ First Request for Assistance ____
G A Applicant ____ Other ____ Second Request for Assistance ____

Source of income?

____ Wages ____ Retirement ____ SSI ____ DHS/TANAF ____ Food Stamps
____ Unemployment ____ GA ____ Other: _____ Est. Monthly/Annual Income: \$ _____

EMPLOYMENT: __ Employed __ Full-time __ Part-time __ unemployed __ underemployed

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

(ex: LPN, Welding, Nurse Aide, Cosmetology, etc. _____)

Skills/Experience (check all that apply)

Rank your skill level in each area: 1 - no experience 2 - Basic Knowledge 3 - Advanced
Computers ____ Clerical ____ Calculators ____ Sales ____ Office Equipment ____

Have you received assistance from the TERO, WIA, Job Placement & Training, Judgment Fund, Family Services, Social Service's General Assistance within the last two Years? [] Yes [] No

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

How did you hear about our programs: _____

RELEASE

I agree to have my picture displayed in the tribal offices, to be an encouragement to other participants who have accomplished their goal(s) through this Program? [] Yes [] No

So, I hereby give the Seminole Nation of Oklahoma Employment & Training Programs permission to use my picture and name for display in tribal news, website, program brochures, power-point presentations for the purposes of promotion in the successes of the Seminole Nation programs.

Applicant's Signature

Date

CONSENT OF INFORMATION

Application for eligibility to the Seminole Nation of Oklahoma Employment and Training programs does not guarantee training or services, only eligibility. Any course area of participation must be planned with a counselor. Information concerning employment and training services may be obtaining from any Seminole Nation Employment & Training Offices.

I, _____do, hereby authorize the Seminole Nation of Oklahoma Tribal Employment Rights Ordinance (TERO) program obtain or release information included in this application for verification of employment, eligibility for services, assistance sought on my behalf other social services programs or Educational 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 verifications 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 do not 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 turned in before application is complete.
* * A Follow-up can be conducted after receiving assistance for up to 6 months * * **