

Yankton Sioux Tribe-WIOA

Yanktonwan Nations Employment & Training Program
 800 Main Ave SW ♦ PO Box 1153 ♦ Wagner SD 57380-1153
 (605)384-3641/384-5979 ♦ (605) 384-5687 fax
 yanktonsiouxtribe.net

CSP-Adult Services

Name		Social Security Number		Date of Birth	Gender M F
Address (Street, Unit No., Apt No., etc.)		City		State	Zip
Mailing Address		City		State	Zip
Telephone Number Main #		Message#		Emergency#	
Email:					
Tribal Affiliation			Enrollment No.		
Marital Status	Single	Married	Divorced	Separated	Widowed
Please List your Household		Age		Relationship	

Branch of Armed Forces			
Do you have a Registration No. with Selective Services	Yes	No	SSS No.
Have you served with the Armed Services?	Yes	No	Branch with Service Dates

Education

Highest grade you completed	Please list if you received HS Diploma / GED	Year
Highest level of College/University Education	Please list any degree you achieved	Year
Technical Education	Please list any Diplomas you have achieved	Year(s)
Occupational Skills Certifications	Please list any Certificates you have achieved	Year(s)
Please use this space to tell us of any Skills you have obtained and/or enjoy doing?		

Client Intake Questioner-

this YST-WIOA Staff provide you with the most service(s) you may need and/or lead to another source of assistance

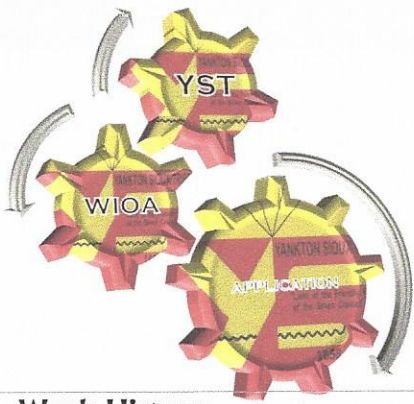
Medical-

Please tell us of any medical health condition or medical history that may interfere with job performance and/or occupational training?

Did you move to your current residence within the last thirty days?	Yes	No
Do you have reliable child care?	Yes	No
Do you have a valid drivers license?	Yes	No
Have you been convicted of any crime(s) within the last five years? <i>(convictions past does not hinder YST-WIOA program services, some courses offered through YST-WIOA program may have some restrictions)</i>	Yes, Please explain-	No

Work History

1. Job Title	Start Date & Start Wage	End Date & End Wage
Employer/Company Name	Employer Address	Phone No.
Supervisor	Reason for Leaving	
Duties & Responsibilities		



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Work History-continued		
2. Job Title	Start Date & Start Wage	End Date & End Wage
Employer/Company Name	Employer Address	Phone No.
Supervisor		Reason for Leaving
Duties & Responsibilities		

Please tell us how YST-WIOA can assist you? By explaining your interest(s) and Goals, etc.		
1. Work Experience, 2. Job Search and/or 3. Employment Training <i>(please identify what number you are requesting)</i>	Please list Career Fields you are interested in pursuing-	
Yes No		
1. Education and/or 2. Occupational Skill(s) Training <i>(please identify what number you are requesting)</i>	Please list Career Fields you are interested in pursuing-	
Yes No		
Supportive 1. Education and/or 2. Employment Services <i>(please identify what number you are requesting)</i>	Please list education and/or employment tools, attire, transportation, etc., you are applying for-	
Yes No		
1. Job Bank and/or 2. Volunteer Status with WIOA program <i>(please identify what number you are requesting)</i>	Please list any skills that you would like us to know about your work experience-	
Yes No		
Short Term Goal- <i>A short term goal is a goal you can achieve in 12 months or less. Examples include: * Take a class*Buy a new television *Write my resume</i>	Start Date	Date Desired to be achieved
Long Term Goal- <i>Long-term goals usually take 12 months or more to achieve. Examples include: * Graduate from college*Save for retirement *Have my own business</i>	Start Date	Date Desired to be achieved

Income

Please circle any of the income you and your family are receiving

EARNED WAGES	SELF-EMPLOYMENT	STIPEND(S)	CHILD SUPPORT	ALIMONY	LEASE INCOME
SOCIAL SECURITY	SSI	TANF	SNAP	GENERAL ASSISTANCE	VETERANS BENEFITS

Certification

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for WIOA program services and/or employment as may be necessary in arriving at an WIOA program services and/or employment decision.

This application for WIOA program services and/or employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for WIOA program services and/or employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any WIOA program service(s) and/or employment relationship with this organization is of an "at will" nature, which means that the WIOA client/participant and/or employee may resign at any time and the WIOA Office (YST Headquarters) may discharge WIOA client/participant at any time with or without caused.

In the event of WIOA program services and/or employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of YST-WIOA program and/or my employer.

Signature of Applicant

Date

Signature of YST-WIOA Staff

Date

Please provide the following supporting documents with your application-

*Tribal Enrollment Verification

*Social Security Number Verification

*Date of Birth Verification

*Proof of Residency

*Hire Letter from Employer

*Education Acceptance Letter

*List of Work Attire/Tools from Education Facility and/or from Employer