



# Job Training & Development Application

Check the box that you are applying for:  Employment  Vocational/ Tech Training.   
On the Job Training  Tribal Workforce Competitiveness

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_  Mailing address the same

Primary Phone Number: \_\_\_\_\_  Cell  Home  Work

Secondary Phone Number: \_\_\_\_\_  Cell  Home  Work

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Martial Status \_\_\_\_\_

Do you have a Driver's License?  Yes  No

Do you have reliable transportation?  Yes  No

Tribal Member:  Yes  No Resident Location:  On Reservation  Off Reservation

## Employment and Education

Are you currently working?  Yes  No If yes  Part-Time  Full-Time

If Unemployed, last date of employment: \_\_\_\_\_

Are you underemployed? Work less than 20hrs/week  Yes  No

Make Less than \$9/hr  Yes  No

Education Level Completed:  Some High School  GED  High School Diploma  
 Voc/ Tech College  Some College  Associate's Degree  Bachelor's Degree  
 Master's Degree of Above  Other: \_\_\_\_\_

Certificate/ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Veteran:  Yes  No Military Branch \_\_\_\_\_

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

Economic Development Director: \_\_\_\_\_

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



# Career Pathway Plan

Participant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Understand that the purpose of this plan is to outline the steps that you will need to successfully achieve your Education and Career goals. The success of this plan is also dependent on your willingness to perform the necessary follow-up needed.

**Short Term Goal:**

**Long Term Goal:**

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**Steps that I need to achieve goals:** (check all that you need to reach your goals)

**Work Activities**

- Employment
- Job Search
- Volunteer Experience
- Resume
- Job Readiness
- Other: \_\_\_\_\_

**Education & Training**

- High School Diploma
- GED
- Literacy Improvement
- Vocational School
- College
- Other: \_\_\_\_\_

**Other Activities**

- Life Skills
- Parenting Skills
- Substance Abuse Treatment
- Driver's Education

List any barriers that would prevent you from achieving your goals: \_\_\_\_\_

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Steps to overcoming barriers: \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Economic Development Director:** \_\_\_\_\_

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