



Welcome to Phoenix Indian Center's Native Workforce Services (NWS)

Our hope is to **assist** you in gaining long-term employment and **support** you in your job search, placement and adjustment to a new work environment.

The following documents are required for your eligibility appointment:

- 1. Native Workforce Services Application**
- 2. Income** – ALL income sources, spouse included (if legally married), for the **past 6 months**: Paycheck stubs (last job), W-2's, U.I. benefits, financial record of self employment, WIA-WEP/OJT payments, tribal payments, and/or educational funding. If applicable, a statement or notice of State or other needs' based assistance i.e. TANF, SSI, CA, SNAP Assistance.
- 3. Race** – Bring one of the following: Tribal Enrollment Record/Card, Certificate of Indian Blood, Tribal Voter Registration Card, or a Census Card for Navajo Family or Long Form Birth Certificate. Requests from Tribal Enrollment can be submitted by completing a *Tribal Enrollment Request* form; if needed, please ask the front desk for this form.
- 4. Residency** – **30 days residency in the Phoenix area is required.** Any piece of mail addressed and post marked to your current street address in Maricopa County; PO Boxes are not acceptable, off reservation only. If residing in a shelter or other temporary housing, please ask the front desk for a *Proof of Residency* form.
- 5. State Drivers License or State issued Identification Card**
- 6. Selective Service Registrant**– Required for males ages 18-25. Selective Service registration card or internet verification (<http://www.sss.gov>). Internet verification can also be obtained through our office. Veterans may submit a copy of their DD214.

In order to schedule your eligibility appointment, you must have ALL of the above required DOCUMENTS. We look forward to meeting with you!

If applicable, please bring these additional forms:

Offender – Court documents and/or letter of probation or parole and restitution for misdemeanors and/or felonies.

Parental Consent – *Required for applicants under the age of 18, who are not emancipated youth.* Please ask the front desk for this additional form. An adult or legal guardian must be present at intake appointment.

Tax Dependent Status – *Required for: (1) applicants under the age of 21, who are a tax dependent OR (2) college students under the age of 24 who are a tax dependent.* Verification of parent/guardian income for the past 6 months is required.

Doctor's Medical Release – If you have recently endured health issues that prevented you from working, please submit a release from your doctor stating you are able to return to work.

If you have any questions or need assistance, please call 602-264-6768.



NWS APPLICATION

For office use only
Intake Appt: _____
Time: _____
Scheduled by: _____

NAME: _____ AKA: _____ TRIBE: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____ AGENCY: _____

LOCAL ADDRESS: _____ AZ
Street City ZIP Code

MAILING ADDRESS: _____ AZ
Street or PO Box City ZIP Code

Home/Work Phone	Message Phone	Cell Phone	E-Mail Address	Other Contact
Home	Name	Cell		Name
Work	Phone			Phone

EMPLOYMENT HISTORY: Begin with your *current* employment

1. Company Name	Start Date / /	End Date / /	PT
Address			FT
City	State	Zip Code	Phone
Job Title		Start Hr./Wage	End Hr./Wage
Job duties/Responsibilities			
Reason for leaving			
2. Company Name	Start Date / /	End Date / /	PT
Address			FT
City	State	Zip Code	Phone
Job Title		Start Hr./Wage	End Hr./Wage
Job duties/Responsibilities			
Reason for leaving			
3. Company Name	Start Date / /	End Date / /	PT
Address			FT
City	State	Zip Code	Phone
Job Title		Start Hr./Wage	End Hr./Wage
Job duties/Responsibilities			
Reason for leaving			

EDUCATION HISTORY: List all post-secondary completed, even if degree/certificate was not attained

	High School or Equivalency Diploma	College/University	Vocational/Trades
Name of School			
Year of Graduation			
Diploma/Certificates or Degrees Achieved			
Course of Study			

Providing the following information will not exclude you from WIA Services.

1. Have you ever been convicted of a crime? NO
If YES. Indicate date, location and disposition of case _____
2. Do you have any current or pending legal or criminal issues at this time? NO
If YES Indicate date, location and disposition of case _____
3. Can you pass a background check? NO YES UNSURE
4. Do you have a valid fingerprint clearance card? NO YES
5. Do you have disabilities that may require accommodation for work and/or training? NO
If YES Describe disability and accommodation needed to assist you _____
6. Do you have Veteran status? NO
If YES. Date of Service FROM: _____ TO: _____
Branch of Service: _____ Type of Discharge: _____
7. Have you previously applied for NWS Program Services? NO YES If yes, please list year: _____
8. Have you previously applied or presently enrolled in another WIA program (i.e., WIA,, JPTA, One Stop)
 NO YES If yes, please list program and location: _____

Provide names of two (2) people who will be able to reach you at all times.

- (1) NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____
PHONE # _____
- (2) NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____
PHONE # _____

CERTIFICATION: I understand that the information I provided in this application is confidential. I certify that the information is true and correct. Furthermore, I understand that such information is subject to verification, that misrepresentation of information shall be grounds for termination from WIA Services. Falsified information may also result in legal action to be taken against me to recover any monies paid to me as a participant of this program.

DATE

CUSTOMER SIGNATURE

DATE

PARENT or RESPONSIBLE ADULT SIGNATURE