



Shoshone-Paiute Tribes'  
Workforce Innovation Opportunity Act  
**2020 W.I.O.A. YOUTH JOB APPLICATION**  
Newe-Numa Resource Program  
P.O. Box 219, Owyhee, NV 89832  
Phone: (775) 757-2921 Fax: (775) 757-2910



**ATTENTION APPLICANTS**

WIOA Applications & supporting documents must be mailed to:  
Newe-Numa Resource Program, P.O. Box 219, Owyhee, NV 89832.  
Must be post marked by 6/17/20.

**The following required documents must be submitted with your WIOA application in order for your application to be complete: *Originals, no copies!***

- 1. WIOA Summer Youth Employment application must be fully completed, with date & signature.**
- 2. Must submit original Photo ID, Social Security Card, Tribal Enrollment Card, and Birth Certificate (no copies of copies).**
- 3. Total Household Income-Verification for the last 6 months annualized or 12 months actual income. This can include check stubs, income tax return, W-2 forms, Letter of verification from Social Security benefits, Child Support, TANF/Public Assistance for Nevada or Idaho.**
- 4. All males, eighteen (18) years of age or older who were born or after December 31, 1959, are required to provide proof that they are in compliance with the Military Selective Services System Acknowledgement Letter or Wallet size registration form (U.S. Postal Service date stamp).**

**Eligibility requirements as per Summer Youth Program employee Handbook [pg 2 II. (A-B)].**

- A. Recognized to be an enrolled member of a federally recognized Indian tribe & eligible for enrollment.**
- B. Must be between 14 thru 24 years of age during the submission of WIOA application.**
- C. Must meet low-income eligibility requirements.**

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**2020 W.I.O.A Employment Application**

Last Name, First Name, Middle Initial:		Date:	Telephone #:	Case #:
Mailing Address:		City, State:	Zip:	County:
Physical Address:			Social Security #:	Date of Birth:
<b>Mark Only One</b>				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		American Indian, Native Alaskan, Native Hawaiian <input type="checkbox"/> Yes <input type="checkbox"/> No		
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you reside on the reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you registered with Selective Service? Registration Number:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Registered:		
Veteran Status: <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Recently Separated <input type="checkbox"/> Disabled <input type="checkbox"/> Other <input type="checkbox"/> Not a Veteran				
Education Status: <input type="checkbox"/> Dropout <input type="checkbox"/> Student <input type="checkbox"/> High School/GED Equivalent <input type="checkbox"/> Post High School Attendee		School Attendance: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A Highest Grade Completed:		Type of School: <input type="checkbox"/> Elementary (K-8) <input type="checkbox"/> Secondary (9-12) <input type="checkbox"/> Trade/Technical <input type="checkbox"/> Junior College <input type="checkbox"/> 4-yr University <input type="checkbox"/> N/A
<b>Employment History (Current/Last Job)</b>				
Sought Employment within the last 28 days: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date became unemployed _____		Number of weeks unemployed in last 26 weeks ____		
Labor Force Status: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Underemployed				
Skills: <input type="checkbox"/> Less than fully skilled <input type="checkbox"/> Semi-skilled <input type="checkbox"/> Unskilled <input type="checkbox"/> Entry Level <input type="checkbox"/> None <input type="checkbox"/> Not Employed				
List skills or knowledge such as typing speed, software programs, foreign language, etc <u>attach additional pages</u> if needed.				
<b>Job 1</b>				
Employer's Name:		Title/Position:	From:	To:
Address:		City, State:	Hrs per wk:	Hrly Wage:

Reason for leaving:			
<b>Job 2</b>			
Employer's Name:	Title/Position:	From :	To:
Address:	City, State:	Hrs per wk:	Hrly Wage:
Reason for leaving:			

<b>Barriers to Employment</b> <input type="checkbox"/> Limited English <input type="checkbox"/> Disabled <input type="checkbox"/> Offender <input type="checkbox"/> None <input type="checkbox"/> Other	<b>Other Barriers to Employment</b> <input type="checkbox"/> Reading/Math Skills below 8 <sup>th</sup> grade <input type="checkbox"/> CWEP Participant <input type="checkbox"/> Lacks Work History <input type="checkbox"/> Pregnant/Parenting Teen <input type="checkbox"/> Long Term IGA/TANF/TAFI Client <input type="checkbox"/> Homeless <input type="checkbox"/> Substance Abuse <input type="checkbox"/> N/A	<b>Foster Child:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Multiple Barriers:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Single Head of Household with dependents under age of 18:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance: <input type="checkbox"/> TAFI/TANF <input type="checkbox"/> IGA <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps <input type="checkbox"/> None		
Family Income: (6 months) \$_____ x 2 = _____		52 week Pre-program: Hrly wage \$_____
Number in Family(6 months)	Economic Status Income <input type="checkbox"/> Below HHS or 70% of LLIS <input type="checkbox"/> Above HHS 70% of LLIS	
Economically Disadvantaged: <input type="checkbox"/> TANF/IGA/SSI <input type="checkbox"/> Foster Child <input type="checkbox"/> Food Stamp Recipient <input type="checkbox"/> Family Income does not exceed HHS of 70% <input type="checkbox"/> Individual with Disability <input type="checkbox"/> Homeless <input type="checkbox"/> School Free Lunch Program <input type="checkbox"/> N/A		

**I. NEPOTISM**

Review the current W.I.O.A staff. Is a member of the Applicant's immediate family (husband, wife, son, daughter, father, mother, brother, sister) a signatory, delegate, or alternate delegate to be employed in an administrative capacity by W.I.O.A?

Yes     No    Name/Relationship \_\_\_\_\_

**II. FAMILY MEMBERS**

- a. List the name(s) of the Applicant's immediate family member and their relationship to the applicant:
- b. List the name(s) of the Applicant's family member who are/were residing with applicant, and their **income for the last six months**: *see below*

**\* Guidelines are based on the 2020 Federal Poverty Guidelines**

Name of Family Members	Relationship	Source	Income	Family Size	2017 Income Guidelines
<i>APPLICANT</i>	<i>SELF</i>			1	\$ 12,760.00
				2	\$ 17,240.00

				3	\$ 21,720.00
				4	\$ 26,200.00
				5	\$ 30,680.00
				6	\$ 35,160.00
				7	\$ 39,640.00
				8	\$ 44,120.00
				ADD	\$ 4,480.00
				TOTAL	
Family Size Last 6 mo.	Annualized Income last 6 mo.	Family Size:	HHS Guidelines:		

### III. CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification that I may have to provide documents to support this application.

I hereby authorize release of this information for verification purposes. I acknowledge all of the questions of this application have been reviewed. I further understand that eligibility is not a guarantee of services.

### PRIOR W.I.O.A PARTICIPATION – SINCE 10/01/83

Date Enrolled:	Last Date Participated	Activity:	Total Hrs/Wks in Program

### CLIENT CERTIFICATION:

*My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to being verified. I understand that falsification of any item is grounds for termination from the W.I.O.A. Program and may result in action to recover any monies paid to me while participating in the program.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(if not emancipated minor or head of household)

\_\_\_\_\_  
Date

Certified by:	Date:	Certified for: <input type="checkbox"/> Title IV-A <input type="checkbox"/> Title II-B <input type="checkbox"/> Ineligible
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