



Eight Northern Indian Pueblos Council Employment & Training Program is accepting applications for the WIOA Youth Program & Adult Program

For the Youth Program you must be between the ages of 14-24. For the Adult Program you must be at least 18 yrs or older. For both programs you must be an enrolled member of one of the following Pueblos:

Picuris, San Ildefonso, Nambe, Pojoaque or Tesuque

~ MAKE THIS OPPORTUNITY A WORKING EXPERIENCE ~

Required Documents:

- **Proof of income for all household members**
- **Birth or Baptismal Certificate**
- **Certificate of Indian Blood**
- **Social Security Card**
- **Picture ID**
- **Selective Service verification (for males 18 yrs. old and over)**

IF YOU ARE INTERESTED CONTACT:

Jolene Nelson, Director
Eight Northern Indian Pueblos Council, Inc.
Employment & Training Program
P.O. Box 969
Ohkay Owingeh, NM 87566
505.747.1593 (Voice)
505.747.1599 (Fax)
505.901.3506 (Cell)



WIOA Application for Services – (please print)

Personal Information: Social Security Number: _____ U.S. Citizen: Yes No

Name: _____
Last First Middle

Address: _____ State: _____ Zip Code: _____ County: _____

Pueblo: Picuris San Ildefonso Nambe Pojoaque Tesuque Contact #: _____

Email Address: _____ Date of Birth: _____ Age: _____ Gender: Male Female

Veteran or Spouse of a Veteran: Yes No Selective Service Registered: Yes No

Are you a Foster Youth? Yes No **Educational Statuses:** High School Diploma GED Not in School

Circle the highest grade you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Other: _____

Are any auxiliary aids, services or accommodations needed for you to participate in the program? Yes No

Employment Statuses and History:

Unemployed Underemployed Recipient of Layoff Working part-time

Employer: _____ **Job Title:** _____ **Phone#:** _____

Address: _____ **Duties:** _____

Employed from: _____ **to** _____ **Salary:** _____ **Reason for leaving:** _____

Employer: _____ **Job Title:** _____ **Phone#:** _____

Address: _____ **Duties:** _____

Employed from: _____ **to** _____ **Salary:** _____ **Reason for leaving:** _____

Employer: _____ **Job Title:** _____ **Phone#:** _____

Address: _____ **Duties:** _____

Employed from: _____ **to** _____ **Salary:** _____ **Reason for leaving:** _____

Public Assistance: Receiving public assistance: Yes No **Check all that apply:**

TANF GA SSI Food Stamps Food Distribution Program Other

Are you the Head of your household? Yes No Do you have any dependents living with you? Yes No
if yes, how many? _____

Services Needed: Briefly explain what services you are seeking from ENIPC: _____

Signature of Applicant and/or Signature of Parent if under 18 years of age **Date**

