

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, Tesuque, or Santa Clara

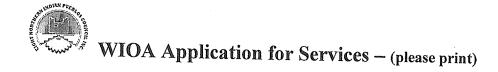
~ MAKE THIS OPPORTUNITY A WORKING EXPERIENCE ~

Required Documents:

- Proof of income for all household members (Picuris, Nambe, and Santa Clara youth do not require proof
 of income due to the poverty level)
- Birth or Baptismal Certificate
- Enrollment Document/Card
- Social Security Card
- Picture ID (New Mexico DMV, Current School ID, Tribal ID)
- Selective Service Verification (Males 18 yrs. or older)
- Work Permit (all youth 14 and 15 yrs. old will have to acquire a work permit from the NM Department of Labor)
- All participants will have to pass a drug test (paid by ENIPC) before employment will start.
 All random drug testing is in accordance with the ENIPC zero tolerance policy, and applicable to all WIOA participants.

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)



reisona	i information:	Social Security Number	er:	U.S. Citizen: \square Yes \square No
Name:				
Last		First		Middle
Address:		State:	NM Zip Code	: County:
				a Contact #:
				Gender: □ Male □ Female
Veteran or Spouse of a	Veteran: □ Yes □	No Selective Se	ervice Registered	:□Yes □No
Are you a Foster Youth?	'□Yes□No	Educational Status:	High School Dip	loma □ GED □ Not in School
Circle the highest grade	you have compl	eted: 1 2 3 4 5 6 7 8	3 9 10 11 12 1	3 14 15 16 Other:
Are any auxiliary aids, s	ervices, or accor	mmodations needed for	you to participate	in the program? □Yes □No
Employment Status an Unemployed	d History: Underem	ployed 🗀 Recip	ient of Layoff	Working part-time
Employer:		Job Title:		Phone#:
Employed from:	to	Salary:	Reason f	or leaving:
Employer:		Job Title:		Phone#:
		I DIXTIAC.		
Employed from:	to	Salary:	Reason i	for leaving:
Employer:		Job Title:		Phone#:
		########		
Employed from:	to	Salary:	Reason f	or leaving:
Receiving Public Assist	ance: Yes Note to Yes Ye	O Check all that apply: D TAID NO Do you have any descriptions you are seeking fabout other ENIPC prograkeepers Deniors Higher	NF = GA = SSI = Food	d Stamps/Food Distribution □ Other ith you? □ Yes □ No #:
Signature of Applicant	and/or Signatui	re of Parent if less than	18 years of age	Date