



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)



WIOA Application for Services – (please print)

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

Name: _____
Last First Middle

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

Pueblo: Picuris San Ildefonso Nambe Pojoaque Tesuque Santa Clara 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 Status: 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 Status 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: _____

Receiving Public Assistance: Yes No Check all that apply: TANF GA SSI Food Stamps/Food Distribution Other

Are you the Head of your household? Yes No Do you have any dependents living with you? Yes No #: _____

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

Are you interested in receiving information about other ENIPC programs, please check:

Food Distribution Environmental Peacekeepers Seniors Higher Education WIC Circle of Life Behavioral Health Adult Vocational Training Head Start

Signature of Applicant and/or Signature of Parent if less than 18 years of age _____ Date _____