



Project: VISIONS
Hannahville Indian Community
Application for Employment Services

Section I:

Name: _____ Date of Birth: _____ Sex: Male Female
 Address: _____ City: _____ Zip Code: _____
 County: _____ Phone Number: _____ Home Message Cell
 Social Security Number: _____ - _____ - _____
 Tribal Membership: Hannahville Potawatomi Other: _____
 Tribal ID Number: _____ Are you a Veteran? No Yes > Branch: _____
 What is your marital status? Never Married Married Divorced Separated Widowed

Section II:

Are you a previous client of Project: VISIONS? No Yes > When? _____
 Primary Disability: _____ Other Disability: _____
 How does your disability affect your employment? _____
 Do you need personal attendant services? No Yes > For what services? _____
 Are you currently under a doctor's care? No Yes > Doctor's Name: _____
 Doctor's address: _____
 Are you covered by health insurance? Yes > Company name: _____
 No Medicare Medicaid Indian Health Services

Section III:

What kind of job would you like? _____
 What services are you requesting from Project: VISIONS? _____
 Are you actively seeking employment? No Yes > How many hours per week? _____

Section IV:Sources of financial assistance: *(Please check all that apply and indicate amount)*

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| <input type="checkbox"/> SSI | \$ _____ Mo. | <input type="checkbox"/> SSDI | \$ _____ Mo. |
| <input type="checkbox"/> TANF (FIP) | \$ _____ Mo. | <input type="checkbox"/> State Disability Assistance | \$ _____ Mo. |
| <input type="checkbox"/> Food Stamps | \$ _____ Mo. | <input type="checkbox"/> Unemployment | \$ _____ Mo. |
| <input type="checkbox"/> Worker's Compensation | \$ _____ Mo. | <input type="checkbox"/> V.A. Benefits | \$ _____ Mo. |
| <input type="checkbox"/> Per capita | \$ _____ Mo. | <input type="checkbox"/> Family and Friends | \$ _____ Mo. |

Section V:

Do you have a Michigan driver's license? Yes > Driver's license number: _____
 No > Why not? _____

Do you have a car, van or truck? Yes> Insurance company: _____

No> What is your means of transportation? _____

Special endorsements: CDL-A CDL-B Chauffeur's License Other: _____

Have you ever been convicted of a felony? No Yes> Explain: _____

Do you have any pending criminal charges? No Yes> Explain: _____

Section VI:

Do you have a high school diploma? Yes No Working on it> School name: _____

Do you have a GED? Yes No Working on it> Where? _____

Other degrees or certificates earned: _____

Other training or job skills: _____

Section VII:

Are you currently employed? Yes No How many jobs have you had in the past year? _____

Please list your last 2 jobs starting with your current or most recent:

1. Employer name: _____

Employer Address: _____

Job Title: _____ Job Duties: _____

Start Date: _____ End Date: _____ Hourly Wage: _____ Hours per week: _____

Reason for leaving: _____

2. Employer name: _____

Employer Address: _____

Job Title: _____ Job Duties: _____

Start Date: _____ End Date: _____ Hourly Wage: _____ Hours per week: _____

Reason for leaving: _____

Section VIII:

Members of Your Household (Please list the following information for everyone who lives with you):

| <u>Name</u> | <u>Relationship to you</u> | <u>Age</u> | <u>Name of Employer</u> | <u>Wage</u> |
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Personal Contact (if you are not available):

| <u>Name</u> | <u>Relationship to you</u> | <u>Contact Number</u> |
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Section IX:

YOUR SIGNATURE BELOW MEANS YOU ARE APPLYING FOR PROJECT: VISIONS SERVICES BECAUSE YOU WISH TO BE EMPLOYED. You must sign and date this application for it to be processed.

_____/_____
Participant's Signature (Parent or Guardian if applicable) / Date