



## Enterprise Rancheria Estom Yumeka Maidu

### **Employment Application**

#### Employment Assistance:

Goal: to assist Tribal Members in obtaining and retaining permanent full-time employment.

#### Tribal Funds:

Purpose: to provide financial assistance to our Tribal Members who are seeking to obtain permanent full-time employment.

#### General Guidelines:

1. Up to \$500.00 per Tribal Member (within 2 year period)
2. Must be an enrolled Tribal Member
3. Must be unemployed or underemployed
4. Must show financial need

#### Procedures:

1. The Program Director will work with Tribal Member(s) to ensure that Applications are complete.
2. The Program Director will submit requests for payment to the fiscal department for processing within 7 business days.

Application packets must include the following:

1. Preliminary Application for Employment Assistance
2. Personal Essay to explain your hardship and need.
3. Financial Assessment
4. Job Confirmation on Company Letterhead
  - a. Name, address and telephone number of employer
  - b. Job title
  - c. Beginning wage
  - d. Effective date of employment
  - e. First full payday
  - f. Statement that the job is to be permanent / seasonal (with seasonal please let us know of your beginning and ending dates)

Scope of Assistance: (at the discretion of the Program Director)

1. Transportation cost; this is for Gas or bus passes (not to exceed \$150.00 per assistance)
2. Subsistence - Assist with employment to re-locate (one time assistance)
3. Supportive Service:
  - a. Equipment / tools
  - b. Uniforms / personal appearance (\$250.00 for clothes, can be made out to the individual but Enterprise Rancheria needs all receipts returned within 30 days)
  - c. Vehicle maintenance (the vehicle must be in your name and you must have proof of license, insurance and registration)
  - d. For 18- assistant for first time Driver License / California ID
  - e. Food Vouchers- lunch expense for newly hired employees (up to \$40.00)

**Note\* If you quit your job within Ninety (90) days of receiving assistance from the Tribe, you Shall be obligated to pay any and all funds back to the Tribe.**

Repayment Guidelines:

Individuals who have failed to turn in their receipts for the Employment assistance, shall be allowed to enter into a repayment plan. Payments shall be \$25.00 each month, until their repayment plan is complete. Those that do not enter into a repayment plan shall automatically have it taken out of their Revenue Sharing (if applicable) and said debt would then be subject to the Tribal Debt policy.

\*Please be aware you will not be able to receive the clothing allowance again until all funds are repaid in full.

Grievance Procedures:

The complainant shall submit the written grievance to the Education Committee. The Education Committee will review all material(s) available, including any new information submitted within 10 working days to make a determination. The Education Committee may request additional time of the complainant to construct a response if needed. If the complaint is not resolved satisfactorily, than the complainant can take it to the next level of the grievance process.

Therefore, the complainant shall submit the written grievance to the Enterprise Tribal Council. The Tribal Council shall review all materials available within 10 working days and make a determination. The Tribal Council may request additional time of the complainant to construct a response if needed.

Application for Employment Assistance Service:

Name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone Number ( )\_\_\_\_\_ Date of Birth\_\_\_\_\_

Tribal Roll Number\_\_\_\_\_

Type of Services Requesting:

Job Search\_\_\_\_\_ Retain employee\_\_\_\_\_

Employment Record:

Please list your last three employers

(1) Dates: \_\_\_\_ to\_\_\_\_

Employer Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_ Job Title:\_\_\_\_\_

(2) Dates: \_\_\_\_ to\_\_\_\_

Employer Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_ Job Title\_\_\_\_\_

(3) Dates: \_\_\_\_ to\_\_\_\_

Employer Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_ Job Title\_\_\_\_\_

## Financial Assessment

1. Income from wage
  - a. Applicant's total income per month \$ \_\_\_\_\_
  - b. Spouse or Significant other total income per month \$ \_\_\_\_\_
  
2. Income and/or other benefits (per month)
  - a. Social Security Income (SSI) per month \$ \_\_\_\_\_
  - b. AFDC, TANF, GA, Food Stamps, EBT, etc. \$ \_\_\_\_\_
  - c. Child support received for all children \$ \_\_\_\_\_
  - d. Other income and benefits \$ \_\_\_\_\_
  - e. Worker's Compensation \$ \_\_\_\_\_
  
3. Applicant's Expenses:
  - a. Utility payments \$ \_\_\_\_\_
  - b. Rent / Mortgage payment \$ \_\_\_\_\_
  - c. Child Care payment \$ \_\_\_\_\_
  - d. Vehicle payment \$ \_\_\_\_\_
  - e. Child Support payment \$ \_\_\_\_\_
  - f. Loan payments \$ \_\_\_\_\_
  - g. Medical expenses \$ \_\_\_\_\_



# Release of Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

I hereby give \_\_\_\_\_ permission to discuss  
Employers Name  
and release any information regarding my employment status with the  
person(s) listed below:

Enterprise Rancheria, Estom Yumeka Maidu Tribe  
2133 Monte Vista Ave.  
Oroville, CA 95966

Phone: (530) 532-9214  
Fax: (530) 871-6655

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date