



**Wichita and Affiliated Tribes
Education Services Department**

P.O. Box 729 - Anadarko, OK 73005
Telephone (405) 247-8612 - Fax (405) 247-2430
www.wichitatribe.com

**Job & Career Readiness Assistance Application
FY 20__**

Applicant's Name: _____ DOB: ____ / ____ / ____

Last four of SSN: _____ Gender: _____ Wichita Tribe Enrollment #: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Reason for assistance: _____

Please Submit:

- (1) Completed Application
- (2) Copy of Wichita and Affiliated Tribal Enrollment Verification
- (3) Employment Verification
- (4) Invoice/Bill

Please email application and documents to: educationservices@wichitatribe.com

PLEASE READ BEFORE SIGNING: I understand that the above information, if false, may lead to the disapproval of this application. I certify that the information is true and correct to the best of my knowledge.

Printed Name

Signature

Date



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Employment Verification

Employee Name: _____

Job Title: _____

Start Date: ___/___/____ Date of Paycheck: ___/___/___ Wages/Salary: \$ _____

(Circle One) Hourly Weekly Monthly Yearly Other: _____ Average # of hours per week: _____

(Circle One) Full-time Part-Time *(Circle One)* Permanent Temporary Seasonal

Supervisor Signature Supervisor Printed Name _____ Date ___/___/___

Employer [Company] Name [Company] Address

(____)____-____ (____)____-____ _____
Contact Phone: Fax E-Mail Address

Additional Comments: _____

Note: The Education Services Department is requesting verification of employment for a Job & Career Readiness Assistance Program applicant. Any information obtained is used solely for this program's use and remains confidential. The above information is required to determine the client's eligibility for this application.

Information Verified By: _____
Education Staff Signature Title Date