

# NAVAJO DEPARTMENT OF WORKFORCE DEVELOPMENT

## Application for Services Instructions

*Thank you for applying with Navajo Department of Workforce Development (NDWD). We are a federally funded program and require eligibility determination before receiving program services. NDWD staff will be made available to assist with submission of applications as needed.*

1. To apply for program services, complete the Application for Services that can be found on the NDWD website at <http://www.ndwd.org/>.
2. Application must be completed on a computer, laptop, tablet, or phone. Use Adobe Reader, it may be downloaded at <https://get.adobe.com/reader/>.
3. All sections must be completed prior to submission. Incomplete applications will be returned to applicant.
4. Email complete application to [apply@ndwd.org](mailto:apply@ndwd.org).
5. Once received NDWD will issue a response email to verify receipt of application.
6. An Intake appointment will be scheduled, through email, by one of the following NDWD Workforce Centers:
  - Fort Defiance Workforce Center
  - Chinle Workforce Center
  - Crownpoint Workforce Center
  - Shiprock Workforce Center
  - Tuba City Workforce Center
7. Documentation needed for your intake appointment:
  - a. Social Security Card
  - b. Certificate of Indian Blood (CIB)
  - c. Photo Identification (Driver's License, state ID)
  - d. High school graduate – Diploma or HS equivalency certificate
  - e. Male applicants, 18 years and older – Selective Service Verification (Letter/card)
  - f. Additional verification as needed
8. Program Eligibility will be determined after Intake is completed. You will receive a letter of Eligibility for program services.

*Thanks again for your interest in applying with our program. Feel free to ask questions on any part of the application process. Have a good day.*



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## Application for Services

1. Name:  2. Date:

3. Are you Native American, Alaska Native, or Native Hawaiian?  YES  NO

5. Tribal Affiliation:

4. Do you reside on the Navajo Reservation?  YES  NO

6. Enrollment Number:

7. Last 4 of your SSN:

8. Mailing Address:

9. Physical Address:

10. Telephone Number:  11. Message Number:

12. E-mail Address:

13. Date of Birth:  14. Age:  15. Are you a Foster Youth?  YES  NO

16. Gender:  17. If Male, are you registered with Selective Service?  YES  NO

18. Are you a Veteran or the Spouse of a Veteran?  YES  NO

19. Are any auxiliary aids and services or accommodations needed in order for you to participate in the program?  YES  NO

20. Employment Status (Check applicable boxes)

Unemployed  Employed

Recipient of Layoff Notice  Working Part-Time, seeking full-time employment

21. Educational Status (Select the highest grade completed):

Less than 8<sup>th</sup> Grade  Grade: 8  9  10  11  12  13  14  15  16  Degree/Certificate:

22. Are you currently receiving public assistance (Check all that apply):

TANF  SNAP  WIC  USDA Commodity Food Distribution

GA  SSI  NHA  Other:

23. Are you related to any NDWD employee(s)?  Yes  No

a. If yes, list relative(s) separated by commas:

24. Services Applying For:

Occupational Skills Training  Work Experience  Adult Basic Education

25. Briefly explain what services you are seeking from NDWD.

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*By signing I understand that the information provided on this application is true and complete to the best of my knowledge. I hereby authorize NDWD to verify all necessary information to determine my eligibility for program services.*

\_\_\_\_\_  
Signature of Applicant