

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.
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

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

5. Tribal Affiliation:

6. Enrollment Number:

7. Last 4 of your SSN:

8. Mailing Address:
Address City State Zip

9. Physical Address:
Address City State Zip

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 8th 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 None

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.

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.

DO NOT USE: Administration Use Only

Signature of Applicant

Date received and initial: _____

PSIII Initial: _____

Assigned EAO: _____