	NAVAJO DEPARTMENT O APPLICATIO	F WORKFORCE DEVELO	PMENT	FORM 1-A
1. NAME	*	2. DATE OF	BIRTH 3. AGE	4. LAST 4 OF SSN
First Name	M.L. Last Name	mm/dd/yyyy		XXX-XX-
S. EMAIL	6. MAILING ADDRESS	*	*	*
T DO YOU DECIDE ON THE NAVAN	Address	City	State	Zip Code
ONO OVES	MATION? 8. PHYSICAL ADDRESS	*	*	*
Chapter	Address	City	State	Zip Code
*	10. MESSAGE NUMBER 11. RA	ska Native	12. TRIBAL AFFILIATION	*
	Nat	ive Hawaiian <mark>O</mark> Non-Native		-
Are you a foster	If Male, are you registered	Are you a Veteran or the	Do you require any auxiliar	y aids, services, or
youth? Male	with selective service?	Spouse of a Veteran?	accommodations in order f	or you to participate
YES self-iden	tify VES	VES	NO YES	visual alds/devices)
19. EMPLOYMENT STATUS 2	0. EDUCATIONAL STATUS	21. PUBLIC ASSISTANCE		
Check Applicable Boxes: Si Unemployed Employed Recipient of Layoff Notice Working Part-Time, seeking	elect the highest grade completed: Less than 8 th grade 01 9 010 11 12 13 14 15 16	Are you currently receiving VES - check all the GA	at apply: WIC NHA USDA Commodity Food	Distribution
full-time employment	egree/Certificate		BECENTED NOME BROCOAND	TEDVACET
VO CrES – list relative(s):	DYEE(s)?	ONO	RECEIVED NOWD PROGRAM	SERVICES
		YES:	Please Select 👻	Please Select 🔻
24. SERVICES APPLYING FOR:		Date of Participation 25. BRIEFLY EXPLAIN WHAT	Type of Service	ROM NDWD:
Check Applicable Boxes:		*		
Cocupational Skills Training	/ork Experience	n		
 	The second secon	a counter a number of the Big other applicants; discriminated against, treated unti- transition in any investigation or pro- supersede this compliant/grievenue, the point on the appear process. The best of my knowledge, I hereby services. The release includes the relatives of the publicity. By signing and a and floor-Discrimination Section an at I have a right to file a complaint.	and any of the second of th	working conditions. If a int/grievance: a at the service provider ling a complaint; Workforce Development o and photography], my for Services I understand for Services I understand The NDWD PGI 16-08 is
*		Click here to sign	*	
Print Name	1	ignature	Date	
If the above person is a minor, a parent I am the parent or guardian of the above Certification. I hereby consent and relea	or legal guardian must complete the section e-named person who is a minor and is perm se on behalf of said minor.	on below: vitting Navajo Department of Workf	force Development (NDWD) to th	e above Notification and
Reint Barne	5	ignature	Date	
Print Name				
DO NOT USE - Administration Use Only	Date Received:	Client ID #:	Initial:	

1. Fill and Sign the form. The red asterisk *indicates required fields.

a.2. Click the blue 'Click to Sign' button after filling and signing the application. (Red Arrow in image below)

int Name		Signature		Date	
DO NOT USE - Administration Use Only	Date Received:	Client ID #:		Initial:	
	PSIII Initial and Date:		Assigned EAO:		
orm 1-A REV 04/01/2021					Page 1 of 1

a.

3. A popup (shown below) will show on your screen. If you are under the age of 18, a parent or legal guardian's signature is required. In the section shown below (red circle), enter the first name, last name, and email address of parent or legal guardian. This will send the form to your parent's email address for signature. **If you are 18 years of age or older, do not enter any information in the red circle section, just click the blue Next button.**

No individual filing a complaint or g				eding related to such a complaint/grievance; olicy. In case of non-resolution at the service pro	
As an applicant, I have the right to v	vithdraw Participant 2	minor, a parent or legal guardian's sip	naturo is required.	 crimination or retaliation for filing a complaint; 	
ICATION	First name	Last name	Email address	¬ /	
stand that the information provided on the verify all percentation information of the second statement	on the app to deterr	me Enter last name	Enter ernal address	thorize Navajo Department of Workforce Developr	
likeness, or identity including without	tlimitatio			nitting my NDWD Application for Services I unders	
knowledge the Program Guidance Ir	astruction			ny right to fair and equitable treatment and wor	
le on the NDWD website.	owo prot		(Cancel)	revance related to the above. The NDWD PGI 16-	
e Test		_X_S	1h	05/05/2021	
lame		Signatur	May 5, 2021)	Date	
ation. Thereby consent and release of a second se	on behalf of said minor.	Signatur	e	Date	
OT USE - Administration Use Only	Date Received:	Clier	t ID #:	Initial:	
	PSIII Initial and Da	Initial and Date: Assign		ned EAO:	
1-A REV 04/01/2021				Page 1 r	
	ICATION ICATION Stand that the information provided (1) to verify all necessary information timeness, or identify including without knowledge the Program Guidance in ons during my participation in the NL is on the NDVD website. Testi ame bove person is a minor, a parent or parent or guardian of the above na ation. I hereby consent and release of ame OT USE - Administration Use Only I-A REV 04/01/2021	ICATION Stand that the information provided on the app 1) to verify all necessary information to default increases of identify including without limitatio is on the NDWD website. Test ame Dove person is a minor, a parent or legal guardian must co e parent or guardian of the above-named person who is a ation. I. hereby consent and release on behalf of said minor. ame OT USE - Administration Use Only Date Received: PSIII Initial and Da I-A REV 04/01/2021	ICATION ICATIO	ICATION ICATIO	

4. A 2nd popup will show on the screen (shown below). In this section enter your email address so a confirmation email can be sent to your email account.

The internal grievance policy of a S level, the complaint shall be filed up	ervice Pr Email		olicy. In case of non-resolution at the service provid
 No individual filing a complaint or g As an applicant, I have the right to y 	ievance : vithdraw	Cancel Back Cla	crimination or retaliation for filing a complaint;
CERTIFICATION I understand that the information provided of (NDWD) to verify all necessary information name, likeness, or identity including withou and acknowledge the Program Guidance I	n the application is true and complete to determine my eligibility for progra limitation any and all claims for libel, struction 16-08 Complaint, Grievanc WD program. I have been informed t	to the best of my knowledge. I h m services. The release includes privacy, or publicity. By signing e and Non-Discrimination Secti that I have a right to file a compl	reby authorize Navajo Department of Workforce Developme the authorization to use images (video and photography), r and submitting my NDWD Application for Services 1 understa an and my right to fair and equitable treatment and worki aint or grievance related to the above. The NDWD PGI 16:08
conditions during my participation in the Ni available on the NDWD website. Lance Test Print Name		Lance Test (May 5, 2021) Signature	05/05/2021 Date
conditions during my participation in the Nu available on the NDWD website. Lance Test Print Name If the above person is a minor, a parent or Lam the parent or guardian of the above-nu Certification. I hereby consent and release	egal guardian must complete the sect med person who is a minor and is per n behalf of said minor.	Leno Net (May 3 2021) Signature tion below: rmitting Navajo Department of M	05/05/2021 Date Vorkforce Development (NDWD) to the above Notification a
conditions during my participation in the Na available on the NDWD website. Lance Test Print Name If the above person is a minor, a parent or 1 am the parent or guardian of the above -n Certification. Thereby consent and release Print Name	egal guardian must complete the sect med person who is a minor and is per n behalf of said minor.	Late to (May (200)) Signature tion below: mitting Navajo Department of V Signature	05:05/2021 Date Vorkforce Development (NDWD) to the above Notification a Date
conditions during my participation in the N available on the NDWD website. Lance Test Print Name If the above person is a minor, a parent or 1 am the parent or guardian of the above -n. Certification. I hereby consent and release of Print Name DO NOT USE - Administration Use Only	egal guardian must complete the sect med person who is a minor and is per n behalf of said minor. Date Received:	Lanc below: trin the (Mr & 200) Signature Signature Client ID #:	OS:05/2021 Date Vorkforce Development (NDWD) to the above Notification a Date Initial:
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5. After entering your email address, you should see the following. Continue to step 6.

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "NDWD Application for Services" until you've confirmed.

a.

6. Log into your email account. If on mobile, open your email app. You should receive an email from 'Adobe Sign'. Open the email and click the 'Confirm my email address' link as shown below (red arrow).

	Please confirm your signature on NDWD Application for Services	box ×			ē	Ø
*	Adobe Sign «adobesign@adobesign.com» to me +		3:44 PM (0 minutes ago)	☆	+	:
	🔎 Adobe Sign					
	Thank you for s Thank you for s Services. To court the services and the services of to court to confirm your the services and the services of the service	igning NDWD Application for mplete the process, you just need email address using the link ly take seconds.				
	The second sec	mail address				
	The second secon	ve fulfilled their roles, all parties ompleted copy of NDWD Services as a PDF.				

a.
7. After clicking the link above, you should receive a copy of your completed application for services in your email inbox. Adobe Sign will also automatically send a copy of your application for services to NDWD.

8. NDWD will review your application and contact you using the contact information you provided on your application.