

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

Please sign: NDWD Application for Services

NAVAJO DEPARTMENT OF WORKFORCE DEVELOPMENT  
APPLICATION FOR SERVICES  
FORM 1-A

1. NAME \* 2. DATE OF BIRTH \* 3. AGE \* 4. LAST 4 OF SSN \*

5. EMAIL \* 6. MAILING ADDRESS \* 7. DO YOU RESIDE ON THE NAVAJO NATION? \* 8. PHYSICAL ADDRESS \* 9. PHONE NUMBER \* 10. MESSAGE NUMBER \* 11. RACE \* 12. TRIBAL AFFILIATION \* 13. ENROLLMENT # \*

14. FOSTER YOUTH \* 15. GENDER \* 16. SELECTIVE SERVICE \* 17. VETERAN STATUS \* 18. AUXILIARY AIDS \* 19. EMPLOYMENT STATUS \* 20. EDUCATIONAL STATUS \* 21. PUBLIC ASSISTANCE \* 22. RELATED TO ANY NDWD EMPLOYEES? \* 23. HAVE YOU PREVIOUSLY RECEIVED NDWD PROGRAM SERVICES \* 24. SERVICES APPLYING FOR: \* 25. EMPLOYER AND/OR WORKSITE ADDRESS AND PHONE NUMBER \*

ACKNOWLEDGEMENT:  
No one applying for or enrolled in a NDWD program shall be denied any services or benefits for which they are eligible or entitled to because of race, color, religion, gender, national origin, age, disability, political affiliation, or status. This means that NDWD customers must be:  
• Treated fairly and as equally and not segregated or treated differently from other applicants;  
• Afforded the right to file a complaint/grievance if they feel they have been discriminated against, treated unfairly, or because of concerns with working conditions. If a customer chooses to file such or for testing or providing any evidence/information in any investigation or proceeding related to such a complaint/grievance;  
• The internal grievance policy of a Service Provider or Sub-Contractor shall supersede this complaint/grievance policy. In case of non-resolution at the service provider level, the complaint shall be filed under this policy;  
• No individual filing a complaint or grievance shall be subjected to harassment, reprisal, coercion or any form of discrimination or retaliation for filing a complaint;  
• As an applicant, I have the right to withdraw my complaint in writing at any time prior to the appeal process.

CERTIFICATION  
I understand that the information provided on the application is true and complete to the best of my knowledge. I hereby authorize Navajo Department of Workforce Development (NDWD) to verify all necessary information to determine my eligibility for program services. The release includes the authorization to use images (video and photography), my name, likeness, or identity including without limitation any and all claims for fame, privacy, or publicity. By signing and submitting my NDWD Application for Services I understand and acknowledge the Program Guidance Instruction 16-08 Complaint, Grievance and Non-Discrimination Section and my right to fair and equitable treatment and working conditions during my participation in the NDWD program. I have been informed that I have a right to file a complaint or grievance related to the above. The NDWD PGI 16-08 is available on the NDWD website.

Print Name \* Signature \* Date \*  
Click here to sign \*

If the above person is a minor, a parent or legal guardian must complete the section below:  
I am the parent or guardian of the above-named person who is a minor and is permitting Navajo Department of Workforce Development (NDWD) to the above Notification and Certification. I hereby consent and release on behalf of said minor.

Print Name \* Signature \* Date \*  
Date Received: \* Client ID #: \* Initial: \*  
PSIII Initial and Date: \* Assigned EAO: \*

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

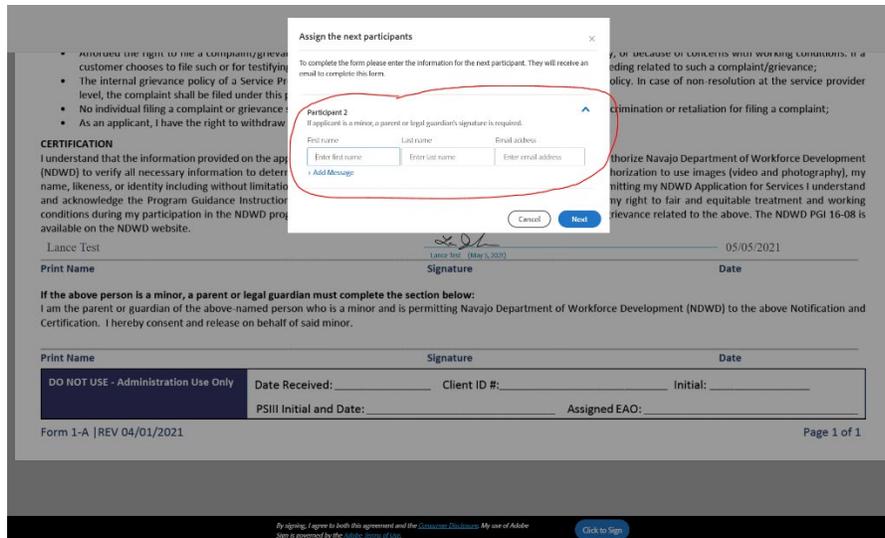
If the above person is a minor, a parent or legal guardian must complete the section below:  
I am the parent or guardian of the above-named person who is a minor and is permitting Navajo Department of Workforce Development (NDWD) to the above Notification and Certification. I hereby consent and release on behalf of said minor.

Print Name \* Signature \* Date \*  
Date Received: \* Client ID #: \* Initial: \*  
PSIII Initial and Date: \* Assigned EAO: \*

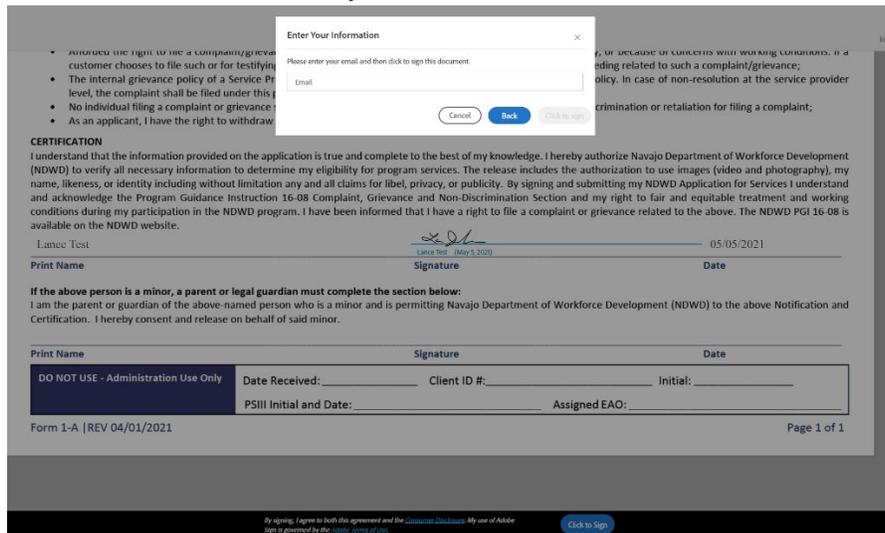
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By signing, I agree to both this agreement and the Consumer Disclosure. My use of Adobe Sign is governed by the Adobe Terms of Use. [Click to Sign](#)

- a. 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.**



- a.
4. A 2<sup>nd</sup> 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.



- a.
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 Inbox X



Adobe Sign <adobesign@adobesign.com>  
to me

3:44 PM (0 minutes ago) ☆ ↶ ⋮



Thank you for signing NDWD Application for Services. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#)

After you confirm your signature and other form participants have fulfilled their roles, all parties will receive a completed copy of NDWD Application for 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.