



**GIKENDAASOWIN**  
**LAC DU FLAMBEAU TRIBAL EDUCATION DEPARTMENT**  
P.O. Box 67 Lac du Flambeau WI 54538  
Phone: 715.588.7925 Fax: 715.588.9063  
E-mail: [ldfedu@ldftribe.com](mailto:ldfedu@ldftribe.com)

## **Job Placement and Training Guidelines**

### **Purpose**

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"The purpose of the Job Placement and Training Program is to assist eligible applicants to obtain job skills and to find and retain a job leading to self-sufficiency."<sup>i</sup>

### **Eligibility**

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To be eligible to receive funding through the JPT program, applicants must:

1. Be enrolled, or eligible for enrollment, in the Lac du Flambeau tribe,
2. Reside on or near the Lac du Flambeau reservation,
3. Must be unemployed, underemployed, or need and can benefit from employment assistance,
4. And complete an Individual Self-Sufficiency Plan (ISP).

### **Application Process**

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All applicants must complete the following application process and provide the Department with the required forms prior to being given funding.

1. Complete and return the JPT application.
2. Sign and return the Student Acknowledgement.
3. Sign and return the Statement of Privacy.
4. Complete the Financial Statement page.
5. Complete the Individual Self-Sufficiency Plan(ISP).

Once all materials have been returned to the Education Department, you will be notified within 30 calendar days of the status of your application.<sup>ii</sup> Please note that it generally will not take this long to hear back from the Department.

### **What types of Programs Qualify for JPT Funding?**

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There a number of types of programs and trainings that qualify for JPT funding. They can include funding for employment, training, or supplemental assistance that supports the job placement or training activities.

### **Funding Information**

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Funding cannot exceed 24 months of full time actual training hours (training for registered nurses can be up to 36 months in length).

While receiving JPT funding, you can receive other financial assistance, as determined in your ISP, to help fulfill necessary financial requirements.

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### **What is an ISP?**

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An Individual Self-Sufficiency Plan is a document that the applicant creates outlining details that are needed to obtain a job, within a reasonable period of time. The ISP will include financial information and resources available, and describe how the desired training will help the applicant meet their goals. The ISP will stay active until the applicant completes their training or has terminated the program (at times requiring the participant to pay back funds). Only one ISP can be active at one time, meaning each applicant can only be participating in one training program at a time. There is no limit to the number of household members active in the program at one time, however.

### **Supportive Services**

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Some services are available for those needing additional support during their participation. Services can include, but are not limited to:

- Assistance with application completion,
- Assessment of eligibility,
- Creation of an ISP,
- Counseling services that address cultural differences and strengthen probability of client success, referral to other services,
- Tools for employment,
- Initial union dues,
- And childcare.

### **Job Placement Services**

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The Job Placement program assists applicants who have job skills to obtain and retain employment. To be eligible for this program, applicants must provide documentation that they have been hired, as well as all other application materials required of the JPT program.

Job placement services can include support for transportation to work for a limited time, funds to finalize resume, interview skills, job retention, and other living skills.

### **Training Services**

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Training services is able to be provided through JPT funding. Job training may be approved through the following means (and others):

- Nationally accredited vocational training,
- Training and non accredited vocational courses,
- Trainings provided by approved service providers, and
- Apprenticeship training supervised by a State apprenticeship agency.

Training services that may be available include career counseling, recommend training, and help preparing applicants for gainful employment. Both part-time and short-term training are allowed under the training services portion of JPT funding. Part-time training is defined as no less than 6 credits per semester.



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## Job Placement and Training Application

**Please complete the following application.**

SOCIAL SECURITY #	LAST NAME , MI, FIRST NAME	MAIDEN NAME	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>	DATE OF BIRTH
PERMANENT PHYSICAL HOME ADDRESS, STREET, CITY, TOWN, STATE, ZIP CODE			# OF DEPENDENTS	Male ____ Female ____
P O BOX NUMBER	EMAIL ADDRESS		TELEPHONE NUMBERS HOME _____ WORK/MESSAGE _____ CELL _____	
WHICH DIPLOMA /CERTIFICATE DID YOU EARN HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> HSED <input type="checkbox"/>		NAME AND STATE OF GRADUATING INSTITUTE PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> BIA <input type="checkbox"/>		DATE OF GRADUATION OR COMPLETED HSED/GED:
TRIBAL AFFILIATION:		RESERVATION:	STATE OF RESIDENCY:	

### FOR ENROLLMENT CERTIFICATION PURPOSES

PROVIDE YOUR FATHERS NAME	TRIBE/RESERVATION
PROVIDE YOUR MOTHERS NAME	TRIBE/RESERVATION

#### STUDENT STATEMENT OF CERTIFICATION - IMPORTANT - READ CAREFULLY

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge, and that if granted assistance I will use it only for educational expenses and purposes and agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the institution. I further agree that I will contact the financial aid office of the institution I have selected and will apply for financial aid available to me. I request the financial aid office notify the BIA-State-Tribe of my financial need and authorize any school I am attending to release a copy of my transcript to the BIA-State-Tribe at the end of each academic period. I request that any Bureau scholarship funds awarded me be mailed to me in care of the financial aid or business office at the institution I attend.

STUDENT SIGNS HERE

TODAY'S DATE

### PART II – TO BE COMPLETED BY BUREAU OF INDIAN AFFAIRS TRIBAL CERTIFYING OFFICIAL

I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT IS \_\_\_\_\_ DEGREE \_\_\_\_\_ INDIAN BLOOD ACCORDING TO AVAILABLE RECORDS. THEREFORE THE STUDENT IS: ELIGIBLE FOR BIA SERVICES ☐ INELIGIBLE FOR BIA SERVICES ☐

CERTIFYING OFFICIAL SIGNATURE

TODAY'S DATE

### EXCEPTION STATEMENT

THIS IS TO CERIFY THAT THE STUDENT NAMED ABOVE IS UNABLE TO CERTIFY AT LEAST ONE-QUARTER INDIAN BLOOD BY AN APPROPRIATE INDIAN AGENCY, THEREFORE:  
☐ WILL BE RECOGNIZED AS A MEMBER OF THE \_\_\_\_\_ TRIBE FOR THE PURPOSES OF THE STATE OF WISCONSIN INDIAN ASSISTANCE PROGRAM.

LAC DU FLAMBEAU TRIBAL CHAIR/EDUCATION COMMITTEE MEMBER SIGNATURE

TODAY'S DATE



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## Job Placement and Training Self-Sufficiency Plan

**Name:**

**Phone:**

**Address:**

Goals	
What job would you like to have within the next year?	
What job would you like to have within the next 2-4 years?	
Why are you interested in these jobs?	

**Based on your career goals, do you believe:**

- ☐ You have the necessary work experience you need to qualify for the job of your choice?
- ☐ You need transitional employment of short-term jobs to gain more work experience and qualifications?
- ☐ You need additional training to qualify for the job that you want?

Education and Skills											
<b>Are you a current student?</b>											
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, where?							
Do you have your high school diploma, GED, or HSED?											
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, where from?				Date Completed			
If no, why did you leave school?											
<b>Do you have vocational training (including military)?</b>								<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Type of Training:						Funding Source:					
Did you receive a certificate or license?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of Certification/License:					
Type of Training:						Funding Source:					
Did you receive a certificate or license?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of Certification/License:					
<b>Have you ever receive college or university credits?</b>								<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
College:						Dates Attended:					
Field of Study:						Funding Source:					
Did you receive a degree?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of degree:					
<b>Licenses and skills</b>											
Do you have a valid driver's license?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	State:					
Do you have an Occupational License?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Type:					
<b>Please list any machinery, tools, and or office equipment you can operate:</b>											

### Job Search Activities

Have you actively been looking for work? ☐ Yes ☐ No For how long?

If you have not been looking for work, please explain why.

What do you think is the main reason you have not been able to find a job?

Are you currently registered with the Employment Service?

☐ Yes ☐ No

Do you have an updated resume?

☐ Yes ☐ No

After training, are you willing to work:

Full Time ☐ Part Time ☐ Seasonal ☐ Night Shift ☐ Evenings ☐ Weekends ☐

Is there a reason an employer might not want to hire you?

☐ Yes ☐ No

Does your family support your decision to return to work?

☐ Yes ☐ No

Do you have children that will need childcare? ☐ Yes ☐ No How many?

List other skills and/or experience obtained outside of work:

I would describe some of my job skills as follows:

My reading skills are:

Above average ☐ Average ☐ Below Average ☐ Not important to my career goals ☐

My writing skills are:

Above average ☐ Average ☐ Below Average ☐ Not important to my career goals ☐

My math skills are:

Above average ☐ Average ☐ Below Average ☐ Not important to my career goals ☐

My ability to express myself and listen carefully to others are:

Above average ☐ Average ☐ Below Average ☐ Not important to my career goals ☐

My teamwork skills and ability to work productively with a wide variety of people are:

Above average ☐ Average ☐ Below Average ☐ Not important to my career goals ☐

**Employment History**

**Attach a resume (if you have one), or complete the job history section below, including any self-employment, i.e. fishing guide, crafting, etc. Please list your most recent job first.**

Employer Name:

Address:

Phone Number:

Dates of Employment: Beginning- Ending-

Hours per Week: Hourly Wage:

Job Title:

Description of Duties

Reason for leaving:

Employer Name:

Address:

Phone Number:

Dates of Employment: Beginning- Ending-

Hours per Week: Hourly Wage:

Job Title:

Description of Duties

Reason for leaving:

Employer Name:

Address:

Phone Number:

Dates of Employment: Beginning- Ending-

Hours per Week: Hourly Wage:

Job Title:

Description of Duties

Reason for leaving:

**Volunteer Experience**

**Please list all places that you have volunteered at, even if on a short term basis.**

Location	Job/Activities	Hours	Dates

### Special Needs

Please check items below that may limit your participation in educational programs or ultimate career goals.

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of reliable transportation  | <input type="checkbox"/> Lack of appropriate clothing  |
| <input type="checkbox"/> Inadequate child care            | <input type="checkbox"/> Drug or alcohol problem       |
| <input type="checkbox"/> Lack of food                     | <input type="checkbox"/> Pregnancy needs               |
| <input type="checkbox"/> Lack of money for daily expenses | <input type="checkbox"/> Dental care needs             |
| <input type="checkbox"/> Family problems                  | <input type="checkbox"/> Trouble with vision           |
| <input type="checkbox"/> Problems with child or children  | <input type="checkbox"/> Trouble with hearing          |
| <input type="checkbox"/> Inadequate housing               | <input type="checkbox"/> Trouble reading and writing   |
| <input type="checkbox"/> Legal problems                   | <input type="checkbox"/> Trouble speaking English well |
| <input type="checkbox"/> Health/medical problems          | <input type="checkbox"/> Other                         |

**Please provide more information on any items checked above that you think would be helpful.**

**List any other concerns or issues you would like to discuss.**

### Privacy Act and Disclosure Statement

1. The authority for solicitation of the information on this form is 25 U.S.C. 13(42 Stat.208) and P.L. 84-959 (70 Stat.986) as amended by P.L. 88-230 (7 Stat 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant Signature

Date

Education Department Signature

Date



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## Job Placement and Training Financial Worksheet

Participant Name (Last, First, MI)	Social Security Number
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### Financial Information

Financial Information Period: \_\_\_\_\_ thru \_\_\_\_\_  

Month      Year
Month      Year

Anticipated Expenses for Financial Period		Anticipated Resources	
		Participant Contribution	\$
Training/Program	\$	Parent Contribution	\$
Supplies/Books	\$	Spouse Contribution	\$
Living Expenses	\$	Veteran's Benefit	\$
Personal Expenses	\$	Social Security Benefit	\$
Transportation	\$	Vocational Rehabilitation	\$
Other	\$	General Assistance	\$
		TANF	\$
		Other	\$
<b>Total Expenses</b>	<b>\$</b>	<b>Total Resources</b>	<b>\$</b>

Financial Aid Awards For those eligible.			
Pell Grant		Minority Grant	\$
Supplemental Ed Opt Grant	\$	WHEG	\$
Tuition Grant	\$	Stafford Loan	\$
Work Study	\$	Unsubsidized Loan	\$
Perkins Loan	\$	TIP Grant	\$
Other	\$	Other	\$
		<b>Total Award</b>	<b>\$</b>

<b>Total Expenses</b>	<b>\$</b>	<b>Total Resources (Total Resources + Total Award)</b>	<b>\$</b>
<b>Total Unmet Need (Total Expenses - Total Resources)</b>			<b>\$</b>

By signing below, I certify that the above information is correct and accurate to the best of my knowledge. This information is being provided as part of the application process for the Job Placement and Training program administered by the Lac du Flambeau Tribal Education Department. Additionally, I understand that if this information is not accurate, I may be subject to return funds to the Department, as Federal Guidelines require.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



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<sup>i</sup> “Job Placement and Training (Final Rule).” Federal Register 74:157 (August 17, 2009) p. 41332.

<sup>ii</sup> “Job Placement and Training (Final Rule).” Federal Register 74:157 (August 17, 2009) p. 41332.