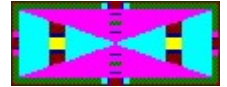


Little Big Horn College  
 Employment & Training Office - WIOA  
 8645 South Weaver Drive  
 Crow Agency, MT 59022  
 Office: (406) 638-3121 Fax: (406) 638-3165  
 Email: [brainet@lbhc.edu](mailto:brainet@lbhc.edu)



**NOTE:** This checklist must be submitted along with the application to complete your file.  
*(Incomplete application **will not** be reviewed or processed until fully completed)*

**CHECKLIST:**

- APPLICATION
- RESUME
- PROOF OF INCOME
- SOCIAL SECURITY CARD
- PHOTO ID
- PROOF OF RESIDENCY (911 RURAL ADDRESS OR RECENT BILL)
- TRIBAL ID OR CIB- CERTIFICATE OF INDIAN BLOOD
- SELECTIVE SERVICE (MALE ONLY)
- MUST BE 25+ YEARS OLD TO APPLY



**ACKNOWLEDGEMENT**

I CERTIFY THAT ALL REQUIRED INFORMATION IS HEREWITH ENCLOSED AND COMPLETED. I UNDERSTAND THAT ALL INCOMPLETE APPLICATIONS **WILL NOT** BE PROCESSED.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

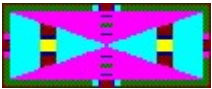
**OFFICE USE ONLY**

**I CERTIFY THAT THE CHECKLIST AND APPLICATION ARE:**

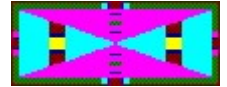
COMPLETE                       INCOMPLETE

\_\_\_\_\_  
 INTAKER

\_\_\_\_\_  
 DATE



Little Big Horn College  
 Employment & Training Office - WIOA  
 8645 South Weaver Drive  
 Crow Agency, MT 59022  
 Office: (406) 638-3121 Fax: (406) 638-3165  
 Email: [brainet@lbhc.edu](mailto:brainet@lbhc.edu)



NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*P.O. BOX/STREET NO. CITY STATE ZIP CODE*

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ MESSAGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TRIBAL AFFILIATION: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

Maternal Clan: \_\_\_\_\_ Paternal Clan (child of): \_\_\_\_\_

Previous WIOA Participant:  Yes  No  
 (IF YES, PLEASE INDICATE PROGRAM YEAR) \_\_\_\_\_ Adult \_\_\_\_\_ Youth

MARITAL STATUS:  Single  Married  Divorced/Separated  Widowed

EDUCATION:  In School  Alternate School  Post High School  HS Dropout

HIGH SCHOOL GRADUATE: MONTH/YEAR \_\_\_\_\_  
 GED GRADUATE: MONTH/YEAR \_\_\_\_\_ HIGHEST GRADE COMPLETED: \_\_\_\_\_

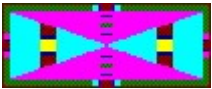
DO YOU RECEIVE PUBLIC ASSISTANCE? (PLEASE CIRCLE WHICH APPLIES)

TANF            FOOD STAMPS            GENERAL ASSISTANCE            FOSTER CHILD PAYMENT  
 SOCIAL SECURITY DISABILITY INSURANCE(SSDI)            USDA COMMODITY PROGRAM  
 OTHER PUBLIC ASSISTANCE            SUPPLEMENTAL SECURITY INCOME (SSI)

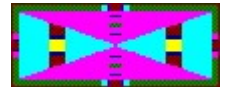
**WORK EXPERIENCE**

EMPLOYMENT:  EMPLOYED  UNEMPLOYED  DISPLACED EMPLOYMENT

Do you have any type of work experience?  Yes  No



Little Big Horn College  
 Employment & Training Office - WIOA  
 8645 South Weaver Drive  
 Crow Agency, MT 59022  
 Office: (406) 638-3121 Fax: (406) 638-3165  
 Email: [brainet@lbhc.edu](mailto:brainet@lbhc.edu)



**If yes, please complete the information below for the last two jobs you have held. Start with most recent position. Include Military and Volunteer Work.**

**Job Title:** \_\_\_\_\_ **Dates of Employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Hourly Wage:** \_\_\_\_\_ **Hours/Week:** \_\_\_\_\_

---

**Job Title:** \_\_\_\_\_ **Dates of Employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Hourly Wage:** \_\_\_\_\_ **Hours/Week:** \_\_\_\_\_

---