

Penobscot Nation Department of Education & Career Services

12 Wabanaki Way, Indian Island, ME 04468

Telephone: (207) 817-7348 or (207) 817-7345

Fax Number: (207) 817-7369

Employment Assistance Program (EAP) Direct Employment

1. _____ 2. _____
Last Name First Name M.I. Social Security Number
3. _____
Residential Address City State Zip Code
4. _____
Mailing Address (If different from Residential Address)
5. Date of Birth: _____ 6. Sex: Male Female 7. Telephone: _____
8. Veteran: Yes No 9. Marital Status: Single Married Divorced/Widowed
10. Current Living Arrangement– Do you: Own Rent Live with friends/relatives
11. Number of Dependent Children: _____ 12. Ages of Children: _____
13. Educational Attainment (check one or more)
 Did not complete High School
 High School Diploma
 GED
 Some college/technical courses
 Completed technical training (explain): _____
 College graduate (give degree and major): _____
14. **WILL BE EMPLOYED BY:** _____
Company Name

Company Address
15. Name of person at the company who can verify employment: _____
16. Telephone Number: _____
17. Your Job Title: _____ 18. Employment Start Date: _____
19. Starting Wage: _____ 20. Date of first paycheck: _____
21. Is employment: Full-Time Part-Time: How many hours/week: _____

22. Is employment: Permanent Temporary Seasonal

23. Do you have any other source of income: Yes No

If Yes, please explain: _____

PREVIOUS EMPLOYMENT:

24. Please list the information requested below for your **most recent** prior employment.

Company	Job Title	Wages	Dates of Employment
---------	-----------	-------	---------------------

25. What are you requesting assistance for and for how much? Please be specific.

The applicant certifies that any and all funds awarded as a result of this application for assistance will be used to assist in the employment with the company referred to above. The applicant further certifies that all of the information given on this application is true to the best of his or her knowledge.

Applicant's Signature

Date

**Please return completed form to: Penobscot Nation Department of Education & Career Services
12 Wabanaki Way
Indian Island, ME 04468**

DO NOT COMPLETE THIS SECTION, ADMINISTRATIVE OFFICE USE ONLY.

Tribal Census Number: _____ Staff Initials: _____

Additional Notes, Information, Action: _____

Penobscot Nation Department of Education & Career Services

12 Wabanaki Way, Indian Island, ME 04468

Telephone: (207) 817-7348 or (207) 817-7345

Fax Number: (207) 817-7369

CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize the Penobscot Nation's Department of Education & Career Services EAP representative to communicate with my employer, _____ to ascertain my eligibility for services within the Bureau of Indian Affairs' Employment Assistance Program.

I understand that my authorization will remain effective from the date of my signature until 1 year, and that the information will be handled confidentially in compliance with all applicable federal laws. I understand that I may revoke this release at any time by contacting the EAP representative.

I have read and understand the nature of this release.

Signature

Date

E.A.P. Representative

Date

I hereby **revoke** this authorization for the releasing/obtaining of information.

Signature

Date

This information has been disclosed to you from the records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.