

**SKY PEOPLE
NORTHERN ARAPAHO TRIBE
APPLICATION FOR ADULT VOCATIONAL TRAINING (AVT)**

Rev93/2007

Name (Last, First, Middle/Maiden)		Mailing Address		Date of Birth	
		Telephone No.		SS#	
		e-mail:		CIB #	
Veteran	Marital Status			Number of	
Yes _____	Single _____	Married _____	Widow _____	Dependents _____	
No _____	Divorced _____	Separated _____		Children in School _____	
Applying for Vocational Training _____		Request Initial _____	Agency _____	In Case of Emergency:	
Direct Employment _____		Repeat 1 2 3 _____	Area _____	Name _____	
Other _____		(Circle)		Address _____	
				Telephone No. _____	

EDUCATION

Highest Grade Completed _____ School attended and date _____

Type of training or employment you are interested in: _____

Do you have any physical limitations that would interfere with your training or employment? Yes: _____ No _____

If Yes, please explain: _____

Have you had previous training? Yes: _____ No: _____

If yes, please explain: _____

For Training:

Major/Course and degree sought (certificate, Associates) _____

Amount of Credit Hours required: _____ Credit hours completed _____

School and Address: _____

School Phone Number _____

Do you have income from other sources? Yes _____ No _____ If yes, please explain: _____

EMPLOYMENT RECORD: (List your three most important periods of employment)

From: _____ To: _____ Employer Name and Address _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

