



**COEUR D'ALENE TRIBE**  
**DEPARTMENT OF EDUCATION**  
(208) 686- 1800 Fax (208) 686-5804  
850 A Street - P.O. Box 408  
PLUMMER, ID 83851

## Direct Employment

This application is for individuals who are enrolled with a federally recognized Indian Tribe, living on or within a 50 mile radius of the Coeur d'Alene Reservation. This program is designed to assist individuals with Work Equipment, Clothing, etc., to help retain Full-time Employment. An individual can only utilize the Direct Employment Program two (2) times in a life time.

Dear Applicant:

Please submit the following items to the Coeur d'Alene Tribe, Department of Education: (Applications will not be considered unless all items are turned in and complete).

- \_\_\_ 1. Application/Right to Privacy Form.
- \_\_\_ 2. Employment verification (To be completed by employer).
- \_\_\_ 3. A Personal Letter of goals and reasons you are requesting assistance.
- \_\_\_ 4. A copy of your Tribal I.D. or Certificate of Indian Blood.
- \_\_\_ 5. A copy of your State Drivers License or State I.D. Card.
- \_\_\_ 6. E-mail Address (if you have one)  
My address is:\_\_\_\_\_

Please read all forms thoroughly before signing. All rules and regulations will be enforced as agreed to by your signature. If you have any questions, please feel free to contact the Department of Education, Career Counseling Coordinator directly at (208) 686-7322. You can also call toll free 1-800-829-2202 ext. 7322.

## EMPLOYMENT VERIFICATION

This form is to be filled out by **EMPLOYERS ONLY.**

Please fax to: (208) 686-5804

\_\_\_\_\_ is employed by/with \_\_\_\_\_  
Name of Employee Name of Company/Business

He/She is employed on a \_\_\_ Full-Time basis effective on \_\_\_\_\_  
Date

This position is \_\_\_ Permanent \_\_\_ Part-Time For \_\_\_ hours per week.

Job Title: \_\_\_\_\_ (please attach job description)

Primary Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Type of Equipment or Items are needed for this employee to perform their work?  
Please give complete itemized list by importance. If there is not enough room on this page, attach a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employers signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of person signing: \_\_\_\_\_

Address of Company/Business: \_\_\_\_\_  
Name Address

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

\*\* (Note: EAP/WIA Policy has been interpreted to define permanent employment as a 12 month commitment or one season for seasonal jobs such as forestry, construction, and farming)\*\*

**Date received:** \_\_\_\_\_ **Application complete?** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

**Date reviewed:** \_\_\_\_\_ **Date Eligibility Established:** \_\_\_\_\_