Eight Northern Indian Pueblos Council Employment & Training Program is accepting applications for the WIOA Youth Program & Adult Program.  

For the Youth Program you must be between the ages of 14-24. For the Adult Program you must be at least 18 yrs or older. For both programs you must be an enrolled member of one of the following Pueblos: Picuris, San Ildefonso, Nambe, Pojoaque, Tesuque, or Santa Clara.

~ MAKE THIS OPPORTUNITY A WORKING EXPERIENCE ~

Required Documents:

- **Proof of income for all household members** (Picuris, Nambe, and Santa Clara youth do not require proof of income due to the poverty level)
- **Birth or Baptismal Certificate**
- **Enrollment Document/Card**
- **Social Security Card**
- **Picture ID** (New Mexico DMV, Current School ID, Tribal ID)
- **Selective Service Verification** (Males 18 yrs. or older)
- **Work Permit** (all youth 14 and 15 yrs. old will have to acquire a work permit from the NM Department of Labor)
- **All participants will have to pass a drug test** (paid by ENIPC) before employment will start. All random drug testing is in accordance with the ENIPC zero tolerance policy, and applicable to all WIOA participants.

**IF YOU ARE INTERESTED CONTACT:**

Jolene Nelson, Director  
Eight Northern Indian Pueblos Council, Inc.  
Employment & Training Program  
P.O. Box 969  
Ohkay Owingeh, NM 87566  
505.747.1593 (Voice)  
505.747.1599 (Fax)  
505.901.3506 (Cell)
WIOA Application for Services – (please print)

Personal Information: Social Security Number: ________________ U.S. Citizen: □ Yes □ No

Name: ___________________________________________ First  Middle

Last

Address: ___________________________________________ State: NM Zip Code: _______ County: _______

Pueblo: □ Picuris □ San Ildefonso □ Nambe □ Pojoaque □ Tesuque □ Santa Clara Contact #: _____________

Email Address: ________________________________ Date of Birth: _____ Age: ___ Gender: □ Male □ Female

Veteran or Spouse of a Veteran: □ Yes □ No Selective Service Registered: □ Yes □ No

Are you a Foster Youth? □ Yes □ No Educational Status: □ High School Diploma □ GED □ Not in School

Circle the highest grade you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Other: ______

Are any auxiliary aids, services, or accommodations needed for you to participate in the program? □ Yes □ No

Employment Status and History:

□ Unemployed □ Underemployed □ Recipient of Layoff □ Working part-time

Employer: ___________________________ Job Title: ___________________________ Phone#: ___________

Address: ___________________________ Duties: ______________________________

Employed from: _______ to _______

Salary: ___________ Reason for leaving: ___________________________

Employer: ___________________________ Job Title: ___________________________ Phone#: ___________

Address: ___________________________ Duties: ______________________________

Employed from: _______ to _______

Salary: ___________ Reason for leaving: ___________________________

Employer: ___________________________ Job Title: ___________________________ Phone#: ___________

Address: ___________________________ Duties: ______________________________

Employed from: _______ to _______

Salary: ___________ Reason for leaving: ___________________________

Receiving Public Assistance: □ Yes □ No Check all that apply: □ TANF □ GA □ SSI □ Food Stamps/Food Distribution □ Other

Are you the Head of your household? □ Yes □ No Do you have any dependents living with you? □ Yes □ No #: ______

Services Needed: Briefly explain what services you are seeking from ENIPC:

Are you interested in receiving information about other ENIPC programs, please check:
□ Food Distribution □ Environmental □ Peacekeepers □ Seniors □ Higher Education □ WIC □ Circle of Life Behavioral Health □ Adult Vocational Training □ Head Start

Signature of Applicant and/or Signature of Parent if less than 18 years of age ________________ Date ___________