



YSLETA DEL SUR PUEBLO  
 NATIVE PATHWAYS  
 9180 Socorro Rd. El Paso TEXAS 79907  
 Phone: 915-859-8151 / Fax: 915-242-0077

**CLIENT COMPLETE PACKAGE CHECK LIST**

Native Pathways is funded by the Department of Labor through the Workforce Innovation and Opportunity Act (WIOA) and strives on assisting Native Americans with training and/or employment. Before any action is taken, all required documents indicated below must be provided in order for your application to be considered complete. Please note that any application not completed will be considered pending and no services will be provided.

CHECK ALL THOSE THAT PERTAIN TO THE CLIENT AND FILE THE DOCUMENTS IN THE FOLLOWING ORDER. ONCE YOU HAVE GATHERED ALL REQUIRED DOCUMENTS, PLEASE CALL TO SET UP AN APPOINTMENT.			
#	Required Documents	Pending	Submitted
1	Food Stamps Letter (If Applicable)		
2	Birth Certificate		
3	Social Security Card		
4	Updated Census Card		
5	Identification Card (Drivers License / State ID / School ID)		
6	Proof of Income (2 Pay Stubs / Child Support / Letter of Support)		
7	Proof of Residence (Rent / Utility Receipt)		
8	Proof of Selective Service (Males 18-25)		
9	Education (Diploma / GED Certification / College Transcript)		
10	Resume		
11	Ysleta Del Sur Pueblo Drug Policy		
12	Tribal Identification Form (Tribal Records)		
13	Job Search		
<i>Expiration</i>			

This application expires **3 calendar months** from the application intake processing date. Clients are encouraged to follow up on the status of their application on a weekly basis. If the staff does not hear from the client, after being contacted repeatedly, it will be assumed that the client is no longer interested in the program and the application will expire after the last day of the 3rd month.

OFFICE USE ONLY			
Description	Date	Authorization	
Intake Processing		Client	
Eligibility Confirmation		Intake Officer	
Notes			
<input type="checkbox"/> Intake Completed <input type="checkbox"/> Tribal Identification Form Completed <input type="checkbox"/> Officer for Approval <input type="checkbox"/> BearTracks Intake Entered <input type="checkbox"/> Client Spreadsheet Intake Entered	<input type="checkbox"/> Video Trainings Completed <input type="checkbox"/> Clerical Test Completed <input type="checkbox"/> 10hr Computer Training Completed <input type="checkbox"/> Employment Information Sheet Received <input type="checkbox"/> Job Description Received		
<input type="checkbox"/> Orientation Completed <input type="checkbox"/> Drug & Background Check Completed <input type="checkbox"/> PAN & W4 to Finance Submitted <input type="checkbox"/> Referred for Financial Literacy	<input type="checkbox"/> BearTracks Employment Entered <input type="checkbox"/> Client Spreadsheet Employment Entered <input type="checkbox"/> Site Visit / ATBW & NOT Completed <input type="checkbox"/> Exit PAN to Finance Submitted		

YSLETA DEL SUR PUEBLO  
NATIVE PATHWAYS  
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
APPLICATION / ELIGIBILITY FORM

INTAKE (PLEASE PRINT)													
<b>Processed Date</b>			<b>Social Security #</b>		<b>Gender</b>		<b>Birth Date</b>						
MM	DD	YYYY	-	-	<input type="checkbox"/>	<input type="checkbox"/>	MM	DD	YYYY				
<b>Last Name</b>			<b>First Name</b>		<b>Middle Name / Suffix</b>		<b>E-Mail Address</b>						
<b>Address</b>			<b>City</b>		<b>State</b>		<b>Zip</b>		<b>County</b>				
<b>Main Phone #</b>			<b>Alternate Phone #</b>		<b>Emergency Contact Person</b>		<b>Emergency Contact Relationship</b>						
<b>Marital Status</b>					<b>Emergency Contact Main Phone #</b>		<b>Emergency Contact Alt. Phone #</b>						
<input type="checkbox"/> Single			<input type="checkbox"/> Married		<input type="checkbox"/> Widowed								
<input type="checkbox"/> Separated			<input type="checkbox"/> Divorced		<input type="checkbox"/> Common Law								
<b>Education at Enrollment</b>			<b>Last Grade Completed at Enrollment</b>					<b>Employment at Enrollment</b>					
<input type="checkbox"/> In-School, Alternative School <input type="checkbox"/> In-School, Post High School <input type="checkbox"/> In-School, High School or Less <input type="checkbox"/> Not Attending School; H.S. Dropout <input type="checkbox"/> Not Attending School; H.S. Graduate			4th	5th	6th	7th	8th	9th	10th	11th	12th	<input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received termination notice or military separation <input type="checkbox"/> Not Employed or Not in Military	
			<input type="checkbox"/> High School Diploma (Graduate)			<input type="checkbox"/> College Junior			<input type="checkbox"/> Bachelor of Arts				
<input type="checkbox"/> GED			<input type="checkbox"/> Vocational Tech School (Graduate)			<input type="checkbox"/> Bachelor of Science							
<input type="checkbox"/> College Freshman			<input type="checkbox"/> College Sophomore			<input type="checkbox"/> Masters Degree							
<input type="checkbox"/> Associates Degree			High School: _____			<input type="checkbox"/> Doctorate							
ELIGIBILITY CHECKLIST (OFFICE USE ONLY)													
<b>Veteran Preference</b>													
<input type="checkbox"/> Transitioning Service Member			<input type="checkbox"/> Campaign Veteran			<input type="checkbox"/> Disabled Veteran		<input type="checkbox"/> Eligible Veteran Status					
<b>Public Assistance Recipient Information</b>					<b>Barriers</b>								
<input type="checkbox"/> General Assistance (GA) (State/Local Government) <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI-SSA Title XVI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Food Stamps (Food Stamp Act of 1977) <input type="checkbox"/> Foster Child Payments <input type="checkbox"/> Tribal Work Experience Program (TWEP) <input type="checkbox"/> USDA Commodity Program <input type="checkbox"/> Other Public Assistance Recipient					<input type="checkbox"/> Basic Skills Deficiency		<input type="checkbox"/> Disability						
					<input type="checkbox"/> Offender		<input type="checkbox"/> Substance Abuse						
					<input type="checkbox"/> Limited English		<input type="checkbox"/> Displaced Homemaker						
					<input type="checkbox"/> Lacks Work History		<input type="checkbox"/> Long Term Unemployment						
					<input type="checkbox"/> Homeless		<input type="checkbox"/> Pregnant / Parenting Teen						
					<input type="checkbox"/> Low Income		<input type="checkbox"/> Other						
					<input type="checkbox"/> Single Head of Household with Dependents under age 18								
<b>Identification / Age</b>			<b>Proof of Residence</b>			<b>Verification as Native American</b>		<b>Selective Service (Males 18-25 Only)</b>					
<input type="checkbox"/> Birth Certificate			<input type="checkbox"/> Utility Bill			<input type="checkbox"/> Tribal Enrollment Card		<input type="checkbox"/> Registration Card # _____					
<input type="checkbox"/> Drivers License			<input type="checkbox"/> Rent Receipt			<input type="checkbox"/> CDIB Card or Letter		<input type="checkbox"/> Letter from Sel. Service					
<input type="checkbox"/> School or State ID			<input type="checkbox"/> Voters Registration			<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Phone Confirmation					
<input type="checkbox"/> Tribal ID			<input type="checkbox"/> Other Proof			<input type="checkbox"/> Tribal Documents		<input type="checkbox"/> Not Registered					
<input type="checkbox"/> Other ID						<input type="checkbox"/> Other (Ex.Self-Attestation Form)		<input type="checkbox"/> Other Proof					
								<input type="checkbox"/> Online Registration					
<b>Low Income</b>			<b>Unemployed</b>			<b>Underemployed</b>							
<input type="checkbox"/> Pay Stubs			<input type="checkbox"/> Unemployed			<input type="checkbox"/> Underemployed							
<input type="checkbox"/> Public Assistance			<input type="checkbox"/> Letter from State Unemployment Office			<input type="checkbox"/> Working less than full time							
<input type="checkbox"/> Other Documentation			<input type="checkbox"/> Received Layoff Notice / Dislocated			<input type="checkbox"/> No advancement potential with current employer w/o training							
<input type="checkbox"/> Social Services Emergency Disaster													
<input type="checkbox"/> Homeless													
<input type="checkbox"/> Individual with Disability													
<input type="checkbox"/> 70% LLSIL													

**ELIGIBILITY  
(PLEASE PRINT)**

Citizenship	Ethnic Group	Texas Workforce Commission - TWC	Selective Service (Males 18-25 Only)
Are you a citizen of the United States?  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native American <input type="checkbox"/> Alaskan <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other	Are you registered with the Texas Workforce Commission?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Card # _____

**WIOA Participation**

If you have ever participated in the WIOA program, please list the dates you were enrolled.

Start			End			Did you complete the program?  <input type="checkbox"/> Yes <input type="checkbox"/> No
MM	DD	YYYY	MM	DD	YYYY	
Program Type (Ex. WIOA, Tigua Next Generation)				Work Site Location		

**Employed Relatives**

If any of your relatives are employed within a Tribal Agency, please list the following information requested.

Name	Relationship	Occupation	Tribal Agency
1)			
2)			
3)			

**FAMILY INCOME  
(PLEASE PRINT)**

List yourself and all members of your family. An adult handicapped applicant is considered a family of one and needs to complete the application information.	Indicate the relationship of each individual to you. If identifying yourself, please write the word " Self " .	Indicate the source of income for each family member. (Ex. Employer, SSI, SSDI, TANF)	Complete the income for each family member (even if 0) based on their <u>total</u> income for the <u>whole year</u> .
Name	Relationship	Source	Yearly Income
1)			\$
2)			\$
3)			\$
4)			\$
5)			\$
6)			\$
7)			\$

**APPLICATION AUTHORIZATION  
(OFFICE USE ONLY)**

**Certification**

I certify that the information on this application is true to the best of my knowledge and that there is no intent on my part to commit fraud. I understand that the information on this application will be used to determine eligibility and that I may be required to prove the accuracy of the information and that the information is subject to verification and may be released for such purposes. I also understand that if I am found ineligible after enrollment, I will be terminated from the program, and that if I am terminated as a result of falsifying information on this application, I may be prosecuted for fraud. I agree to provide information for follow up surveys after I am terminated from training.

	Signature	Processed Date		Signature	Processed Date
Client			Intake Officer		
Parent or Guardian			Reviewing Officer		

YSLETA DEL SUR PUEBLO  
NATIVE PATHWAYS  
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
INDIVIDUAL EMPLOYMENT PLAN (IEP)

CLIENT INFORMATION (PLEASE PRINT)										
<i>Processed Date</i>			<i>Phone #</i>		<i>Alternate Phone #</i>			<i>Birth Date</i>		
MM	DD	YYYY						MM	DD	YYYY
<i>Last Name</i>			<i>First Name</i>		<i>Middle Name / Suffix</i>			<i>E-Mail Address</i>		
<i>Address</i>			<i>City</i>		<i>State</i>		<i>Zip</i>		<i>County</i>	
SPECIAL SKILLS (PLEASE PRINT)										
Please list any special skills and/or qualifications that you may have. (Computer Skills, Typing, Driver's License, Food Handler's Card, operate welding equipment, ability to read, write, and speak English and/or Spanish.)										
1)				4)				7)		
2)				5)				8)		
3)				6)				9)		
EDUCATION (PLEASE PRINT)										
<i>GED</i>			<i>Start Date</i>		<i>End Date</i>			<i>Graduate</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No			MM	YYYY	MM	YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>School Name</i>			<i>City</i>		<i>State</i>		<i>Zip</i>			
<i>High School</i>			<i>Start Date</i>		<i>End Date</i>			<i>Graduate</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No			MM	YYYY	MM	YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>School Name</i>			<i>City</i>		<i>State</i>		<i>Zip</i>			
<i>College/University/Trade School</i>			<i>Start Date</i>		<i>End Date</i>			<i>Graduate</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No			MM	YYYY	MM	YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>School Name</i>			<i>City</i>		<i>State</i>		<i>Zip</i>			
<i>College/University/Trade School</i>			<i>Start Date</i>		<i>End Date</i>			<i>Graduate</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No			MM	YYYY	MM	YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>School Name</i>			<i>City</i>		<i>State</i>		<i>Zip</i>			

**EMPLOYMENT HISTORY  
(MOST RECENT FIRST / PLEASE PRINT)**

<i>Company Name</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Title / Position</i>		<i>Start Date</i>		<i>End Date</i>
<i>Description of Duties</i>		MM	YYYY	MM YYYY

<i>Company Name</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Title / Position</i>		<i>Start Date</i>		<i>End Date</i>
<i>Description of Duties</i>		MM	YYYY	MM YYYY

<i>Company Name</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Title / Position</i>		<i>Start Date</i>		<i>End Date</i>
<i>Description of Duties</i>		MM	YYYY	MM YYYY

<i>Company Name</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Title / Position</i>		<i>Start Date</i>		<i>End Date</i>
<i>Description of Duties</i>		MM	YYYY	MM YYYY

## SELF ASSESSMENT SKILLS

Please rate yourself below on a scale from 1 - 5 with 1 being the lowest and 5 being the highest.

<b>Math</b>	<b>Reading</b>	<b>Writing</b>
1   2   3   4   5	1   2   3   4   5	1   2   3   4   5
<b>English Language</b>	<b>Spanish Language</b>	<b>Computer Fundamentals</b>
1   2   3   4   5	1   2   3   4   5	1   2   3   4   5
<b>Typing</b>	<b>Internet</b>	<b>E-Mail</b>
1   2   3   4   5	1   2   3   4   5	1   2   3   4   5
<b>Microsoft Office Word</b>	<b>Microsoft Office Excel</b>	<b>Microsoft Office PowerPoint</b>
1   2   3   4   5	1   2   3   4   5	1   2   3   4   5
<b>Attendance</b>	<b>Punctuality</b>	<b>Grooming &amp; Appearance</b>
1   2   3   4   5	1   2   3   4   5	1   2   3   4   5

### PLEASE ANSWER THE FOLLOWING QUESTIONS (PLEASE PRINT)

<b>1) What kind of work do you do now?</b>	<b>2) What kind of work do you want in the future?</b>	<b>3) What types of jobs are in your community?</b>	
<b>4) Where do you live now?</b>	<b>5) Where do you want to live in the future?</b>	<b>6) How do you get around the community?</b>	
<input type="checkbox"/> On My Own <input type="checkbox"/> With Family <input type="checkbox"/> Group Home <input type="checkbox"/> With Roommate(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> On My Own <input type="checkbox"/> With Family <input type="checkbox"/> Group Home <input type="checkbox"/> With Roommate(s) <input type="checkbox"/> Other _____	<input type="checkbox"/> Own Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Parent <input type="checkbox"/> Bike <input type="checkbox"/> Friend <input type="checkbox"/> Walk	
<b>7) Do you need help with:</b>	<b>8) Do you have problems:</b>	<b>9) Are you under Doctors Care?</b>	
<input type="checkbox"/> Job Search <input type="checkbox"/> Resume <input type="checkbox"/> Money Management <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____	<input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Lifting <input type="checkbox"/> Crouching <input type="checkbox"/> Other or N/A _____	<div style="text-align: right;"><i>Explanation</i></div> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	
<b>10) Would you walk to work?</b>	<b>11) Do you want to work:</b>	<b>12) How long can you work?</b>	<b>13) What shift(s) can you work?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On your own <input type="checkbox"/> With Others	<input type="checkbox"/> 4-6 Hours (part-time) <input type="checkbox"/> 7-8 Hours (full-time)	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends

## Ysleta Del Sur Pueblo Drug Policy

This policy is implemented as part of the tribe's overall program to maintain a drug free work place for the health and safety of its employees, customers and the public, and to prevent civil and criminal liability. This policy covers all employees and prospective employees. It covers the possession, use distribution or sale of drugs and drug paraphernalia within the reservation boundaries. The term drugs refers to those substances regulated under the Texas Controlled Substance Act, Chapter 481, Health and Safety Code, Alcoholic beverages in the ordinary course of business. The use of prescription drugs, which could impair the employee, the employee should inform his/her supervisor.

It is the policy of this tribe that we maintain a drug free work place. No drug or drug use is allowed on the tribe's premises.

In order to implement this policy, the tribe can monitor employees for drug use, conduct drug screening, and search the premises, including employee's personal possessions and vehicles on the premises for drugs or drug paraphernalia. Failure to submit to a search can result in the tribe's refusal to hire or to continue employment, or any other action in conformity with the tribe's disciplinary procedures.

Monitoring of employees may include direct observation and third party reporting of drug possession or use. Observation and third party reporting of drug possession or use. Observation of inconsistent work quality or performance, carelessness or the taking of needless risks, disregard for the safety of others, mood swings, and other indication of drug use may also constitute grounds for further inquiry including testing for drug use. An employee can report concerns or observations to any supervisory personnel. Screening for drugs may be carried out under the following circumstances.

- |                                 |   |
|---------------------------------|---|
| A. Post offer, pre-employment   | D. Upon suspicion of use or possession based on |
| B. After an on-the-job accident | a. Impairment;                                  |
| C. Randomly                     | b. Discovery of drugs on tribal premises; and   |
|                                 | c. Report from third party                      |

The testing may be by any means including blood, hair and urine samples. Testing will be performed by an independent laboratory. Failure to submit to the test will result in the same penalties imposed for a positive test result.

If an employee or prospective employee is found to have drugs in their possession or tests positive for drugs, the tribe may refuse to hire or to continue employment or may take any other action in conformity with the tribe's disciplinary procedures. An employee will be afforded an opportunity to explain a positive test result. The tribe shall make the final determination as to what action will be taken.

I understand that I may be required to submit to drug testing at any time and consent to the taking of samples by an accepted medical method, including blood urine and hair samples.

I understand that my personal belongings, vehicle and person may be searched at any time and consent to allow such searches.

I affirm that I have read and understand the tribe's drug policy as stated in this form and hereby give my consent to be drug tested in order to comply with the tribe's pre-employment requisite.

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Client

---

Date

---

Parent/Guardian



# Ysleta Del Sur Pueblo

Department of Economic Development

9180 Socorro Rd. El Paso, TX 79907 (915) 859-8151 Fax: (915) 242-0077

## Tribe Information

Tribe: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

## Client Information

Client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Authorization

The above mentioned individual is applying for assistance through Native Pathways and is authorizing the Tribal Records Department of the \_\_\_\_\_ to verify tribal affiliation to participate in this program.

Client's signature authorizing release of information:

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

## FOR TRIBAL RECORDS DEPARTMENT USE ONLY

### Part A:

*The following is the Enrollment Information for the enrolled member of the*

***(If the individual is a Tribal Descendant, please refer to Part B.)***

Client is a :  Tribal Member  
 Tribal Descendant

Name on Tribal Rolls: \_\_\_\_\_

Roll # \_\_\_\_\_ Blood Quantum \_\_\_\_\_

File for Individual is :  Complete  Incomplete  
 Please indicate Reason:

### Part B:

Name of Tribal Descendant: \_\_\_\_\_

Blood Quantum \_\_\_\_\_

Name of Tribal Member that Tribal Descendant is claiming through: \_\_\_\_\_

Roll# \_\_\_\_\_ Blood Quantum \_\_\_\_\_

\_\_\_\_\_

Signature of Tribal Records Department Personnel

\_\_\_\_\_

Date





# Ysleta Del Sur Pueblo

Department of Economic Development

9180 Socorro Rd. El Paso, TX 79907 Office: (915) 859-8151 Fax: (915) 242-0077

## INSTRUCTIONS

In addition to the process of your Workforce Innovation and Opportunity Act (WIOA) application, it is highly recommended that you conduct a search of up to 3 places of employment, (excluding YDSP, Speaking Rock, Corporate Businesses, Nationwide Department Stores, Groceries, Fast Food) where you would be interested in obtaining work experience or a part-time/full-time position. Present yourself to the business Manager/Supervisor, and explain your interest in working with them and record the following information in order for our staff to conduct a Memorandum of Understanding (MOU) with the place of employment. Failure to return this form with your application, does not delay/terminate your employment assistance.

## CLIENT INFORMATION (PLEASE PRINT)

Application Date			Phone #	Alternate Phone #	Birth Date		
MM	DD	YYYY			MM	DD	YYYY
Last Name		First Name	Middle Name / Suffix	E-Mail Address			
Address		City	State	Zip	County		

## BUSINESS INFORMATION #1

Visitation Date			Business Name	Business Phone #			
MM	DD	YYYY					
Contact Person		Occupation	E-mail Address	Fax #			
Address		City	State	Zip	Website		

## BUSINESS INFORMATION #2

Visitation Date			Business Name	Business Phone #			
MM	DD	YYYY					
Contact Person		Occupation	E-mail Address	Fax #			
Address		City	State	Zip	Website		

## BUSINESS INFORMATION #3

Visitation Date			Business Name	Business Phone #			
MM	DD	YYYY					
Contact Person		Occupation	E-mail Address	Fax #			
Address		City	State	Zip	Website		

YSLETA DEL SUR PUEBLO  
NATIVE PATHWAYS  
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

**REVIEWING OFFICER NOTES**

Processed Date	Client	Intake Officer

1) Purpose of client visit: \_\_\_\_\_

Employment Hours:    -20   20   25   30   35   |   F/T   40   40+   Education:   F/T   P/T   N/A

2) Referred by:    *Walk-In*   *Social Services*   *Tribal Council*   *Other*   \_\_\_\_\_

3) Place Of Employment Interest:    \_\_\_\_\_

4) Employment Assistance:    *Housing*    *Child Care*    *Tools*    *Bus Pass*    *Clothing*    *N/A*

5) Attending School:    *F/T*   *P/T*   *N/A*    *Name Of School*    \_\_\_\_\_

School Schedule:

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Hours 1</i>							
<i>Hours 2</i>							

6) Action:


**ACKNOWLEDGEMENT**

- 1) A determination of "eligible" and a completion of an Individual Employment Plan, is not a guarantee for enrollment in the Ysleta Del Sur Pueblo Native Pathways.
- 2) The purpose for enrollment is to prepare himself/herself for placement in an unsubsidized employment.
- 3) Employment placement may take up to a month depending on placement availability and completion of application.