

# 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)

### Self-Employment

(Small business)

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. SELF EMPLOYMENT:

\_\_\_\_\_  
Name of Your Business

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Telephone

15. Please provide a brief description of your business: \_\_\_\_\_

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

16. Are you presently employed in another occupation:  Yes  No

17. If Yes: Is employment:  Full-Time  Part-Time: How many hours/week: \_\_\_\_\_

Is employment:  Permanent  Temporary  Seasonal

18. Do you plan on continuing with this employment while engaged in your business?  Yes  No

19. When do you anticipate starting your business? \_\_\_\_\_

20. Will you be hiring any personnel in addition to yourself?  Yes  No

21. If Yes, how many and in what positions: \_\_\_\_\_

22. Have you registered with the State of Maine or the IRS as a business entity?  Yes  No

If Yes, please provide your Identification Number: \_\_\_\_\_

23. 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 employment with the company referred to above. The applicant may not resell any equipment purchased for the purpose of Self-Employment. 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**

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DO NOT COMPLETE THIS SECTION, ADMINISTRATIVE OFFICE USE ONLY.

Tribal Census Number: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Additional Notes, Information, Action: \_\_\_\_\_

\_\_\_\_\_

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## 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.