



KAWERAK, INC.

Education, Employment, and Training Division
P.O. Box 948
Nome, AK 99762
Web site: www.kawerak.org

Phone: (907) 443-4358
Toll Free: 1-800-450-4341
Fax: (907) 443-4479
Email: wfd.processor@kawerak.org

DIRECT EMPLOYMENT ASSISTANCE APPLICATION

The Kawerak, Inc. Direct Employment (DE) Program provides a **one-time** grant to eligible tribal members who reside in the Bering Strait-Norton Sound region. DE grants assist tribal members with employment related needs and start-up living expenses in order to retain full-time employment.

ELIGIBILITY CRITERIA:

Applicants must meet the following criteria:

1. Applicants are not eligible for DE if they had received their first paycheck.
2. Must have a regular full-time job, which will last 3 months or longer @ 40 hours a week.
3. Prior to applying, must reside in the Bering Strait-Norton Sound region (minimum for [1] year).
4. Must be Alaska Native or American Indian and a member of a federally recognized tribe.
5. DE is available for residents Bering Strait Region tribal members that are transitioning to full-time employment.
6. Gambell and Nome Eskimo Community residents must apply to their local IRA office.
7. Have not received Direct Employment Assistance before.
8. Must show financial need. Applicants are eligible for DE if they have been unemployed for at least three months or if they are working, but found work that is a minimum of 20% increase over their previous annual gross wage.

PLEASE REVIEW ALL DOCUMENTS AND SIGN APPLICATION AND INCOME VERIFICATION

DOCUMENT CHECKLIST:

- Direct Employment Application.
- Verification of Tribal Enrollment.
- Copy of your birth certificate.
- Letter of intent/requesting, stating why financial assistance is needed and the amount of your need (outline your needs and specific amounts).
- Employment Verification.
- Landlord Verification.
- Attach these additional documents if family members are included in your request:
 - a. Copy of your marriage certificate
 - b. Copy of dependent children's birth certificate(s)
 - c. Verification of Tribal membership – for spouse and dependent children

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED.

****PLEASE DETACH AND KEEP FOR YOUR RECORDS****

Applicant's Initial Intake and Short Employability Development Plan

Name: _____ Current Age _____
 (First) (Middle) (Last) (Also Known As – or Maiden name)
 Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female
 Present Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)
 Present Physical Address: _____
 (Street Address) (City) (State) (Zip Code)
 Home Phone: (____) _____ - _____ Work / Alternate Phone: (____) _____ - _____ Email Address: _____

Tribally enrolled at (please circle or indicate "other");

Brevig Mission - Council - Diomedea - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo - Saint Michael Savoonga - Shaktoolik – Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain
 Other, List Tribe _____

Veteran? No Yes - Date of Discharge: ____/____/____ **Registered with Selective Service?** Yes No
Educational Status: High School Diploma - Year Graduated: _____ GED - Year obtained _____ OR Highest Grade Completed: _____
 College/Vocational Graduate - Type of Degree: AA/AAS BA/BS MA/MS Other: _____ Year _____
 Most Kawerak, Inc. EET programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** Yes No

Applicant Ethnicity	Applicant Primary Goal (check one)	Applicant Secondary Goal (check one)
(check one) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enter postsecondary Education or Job Training <input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a H.S. Diploma, GED or Secondary School Diploma <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a GED or Secondary School Diploma <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Obtain United States Citizenship Skills <input type="checkbox"/> Increase involvement in child's education <input type="checkbox"/> Increase involvement in child's literacy <input type="checkbox"/> Increase involvement in community activities <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____

Applicant Status and Program Enrollment

Applicant Primary Status	Applicant Secondary Status	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed _____ → <input type="checkbox"/> Collecting unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance ← (food stamps, GA, ATAP) <input type="checkbox"/> Living in a Rural Area	(Check All That Apply -optional) <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled Adult <input type="checkbox"/> None of the above	(Check All That Apply) <input type="checkbox"/> In Correctional Facilities (AMCC, etc.) Release date _____ <input type="checkbox"/> In Community Corrections (Seaside, etc.) Release date _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.) Release date _____ <input type="checkbox"/> None of the above

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Signature: _____ Signature Date: _____
 Guardian's Signature: _____ Signature Date: _____

FOR OFFICE USE ONLY Date Received: _____ Date Entered: _____ Initials: _____ Consumer #: _____

ATTACHMENT A:

HOUSEHOLD INFORMATION

Name: _____

Social Security Number: _____ - _____ - _____ Date: _____ / _____ / _____

Household Information: List all persons currently living permanently in the household with the information requested for each person (yourself, spouse, boyfriend, girlfriend, children, grandparents, aunts, uncles, etc.).

Full Legal Name	Relationship	Birth date	Monthly Income	Work or School Schedule
	Applicant / Self			

FINANCIAL ANALYSIS: Check all areas indicating all types of income received by everyone in the household:

- Unemployment
- Social Security
- Wages - List Employer (s): _____
- ATAP
- Veteran Disability
- Food Stamps
- Longevity Bonus
- General Assistance
- Child Support _____
- Other _____

Total Yearly Average Net Income for everyone in household: \$ _____

Household Type: Own Mortgaged Rental Relative's Other _____
Estimate the total monthly expenses spent by all household residents (proof of expenses may be requested of applicant) :

Food \$ _____ Gasoline..... \$ _____ Rent / House Payment \$ _____
 Heating Oil\$ _____ Water \$ _____ Cable Television \$ _____
 Phone \$ _____ (not long distance) Propane..... \$ _____ Electricity / Utility..... \$ _____
 Other _____ \$ _____ Other _____ \$ _____ Other _____ \$ _____

Summer Youth Participant Only:

- Do you provide 50% or more support to any person other than yourself? Yes or No
- Do you receive 50% or more support from other family members living with you? Yes or No

Attachment C: EMPLOYMENT HISTORY, UNPAID WORK SERVICE AND SELF EMPLOYMENT

Please give specific details and duties you performed through past employment, volunteering and self-employment. The information you give will be used to create your Resume. List the most recent job first.

1. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
2. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
3. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
4. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				



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EMPLOYER VERIFICATION

Applicant Name _____ SSN _____ Date _____

I herby authorize the following organization to release information concerning my employment status.

Signature of Applicant _____ Date _____

TO BE FILLED OUT BY EMPLOYER:

The above named individual has applied for services through the Kawerak, Inc., Education, Employment and Training Division. Please provide the following information for verification:

Employer Organization Name: _____

Employer Address: _____

Phone Number: _____ Fax Number: _____

Applicant's Job Title: _____ Date of Hire: _____

Start Date: _____ Disbursement date of first check: _____

Hourly Salary: _____ Hours Per Week: _____

Please indicate applicant's employment status:

- Temporary – Full-time through (date) _____
- Temporary – Part-time through (date) _____
- Seasonal through (date) _____
- Permanent – Full-time
- Permanent – Part-time

Please describe the applicant's work schedule:

SIGNATURE OF SUPERVISOR OR EMPLOYER

DATE



**EDUCATION, EMPLOYMENT AND TRAINING DIVISION
KAWERAK, INC. EET DIVISION – P.O. BOX 948 – NOME, AK 99762**

Attn: Lew Tobin

Toll-free phone 1-888-898-5171; local phone (907) 443-4388

Please FAX completed application to (907) 443-4479 (preferred) or 907 443-4485

LANDLORD INFORMATION

Applicant Name _____ SSN _____ Date _____

The above named individual has applied for services through the Kawerak, Inc.; Education, Employment and Training Division. Please provide the following information for verification.

TO BE FILLED OUT BY LANDLORD

Landlord Name: _____

Landlord Address: _____

Phone Number: _____ Fax Number: _____

Contact name for landlord if different than above _____

TAX ID number (or social security number of landlord if nothing else is available) _____

e-mail address: (if any) _____

Tenant Name on Lease Agreement: _____

Cost of Deposit: _____ Monthly Rent: _____

Approx. **cost of Other Monthly Utilities** not listed in rent: _____
(Please list if more than one)

Make rent check payable to:

Name: _____

Address: _____

SIGNATURE OF LANDLORD OR RENTAL OFFICE

DATE



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INFORMATION RELEASE FORM:

_____	_____	_____	____-____-_____
Last Name	First Name	MI	Social Security No.
_____	_____	_____	_____
Mailing address	City	State	Zip code
(____) _____	(____) _____	_____	_____
Phone #	Fax #	Email address (optional)	

I hereby authorize:

Name: _____ Phone: (____) _____

Address: _____

City State Zip Code

The above person has applied for services at the Education, Employment & Training Division and needs the following (CIRCLED) information to complete the submitted application:

- | | | |
|---|--------------------------|--------------------------|
| Tribal Enrollment | State Birth Certificate | Social Security Card |
| Resume | Letter of Recommendation | School Registration |
| Marriage Certificate | Current Photo | School Acceptance Letter |
| High School/College/Vocational Training Transcripts | | |

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Kawerak, Inc. Employee Name: _____ Phone: _____

Staff Signature: _____ Date: _____

When this Release of Information Form is completed, you can bring this to the EET office. If you are out of Nome you can send this through the mail, or you may fax this document to the above fax number.



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Appeals Process

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (20) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the EET Vice-President of the Kawerak, Inc. EET Division requesting a hearing and explaining the reasons for which the hearing is requested.

When a hearing is requested, the appropriate EET Specialist will submit a written statement regarding the issue(s), facts and policy upon which the decision was based to the EET Vice-President of the EET Division. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant has the right to be represented by someone of his/her choice including an attorney at his/her expense.

The applicant may appear in person at the designated time and place of the hearing, however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place.

Arrangement may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on the available written information.

Individuals filing an appeal shall be informed:

- 1) Of the EET Vice-President's decision within five (5) days of the hearing and,
- 2) Any further avenues of appeal

Upon extenuating circumstances, the EET Vice-President may reschedule hearings.

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SUBSTANCE ABUSE POLICY

A. Purpose of Policy

Kawerak, Inc. is committed to maintaining a productive, safe and healthy training & employment environment free from the abuse of drugs and alcohol. Drugs and alcohol are barriers to employment, and due to limited resources to provide training and employment services, Kawerak, wishes to ensure that its funds are utilized by individuals who will successfully complete training, and are able to secure employment upon completion. When trainees fail to complete programs due to substance abuse or alcohol abuse, or cannot obtain employment because of the required drug testing by employers, the funds expended by Kawerak, Inc. are wasted.

B. Prohibition on Abuse of Controlled Substances and Alcohol

The use, possession, distribution, or sale of controlled substances by Kawerak funded trainees is prohibited. The consumption of alcohol and/or being under the influence of alcohol during training activities is prohibited.

C. Pre-Screening

Applicants considered for participation in vocational and certification-training programs shall be tested for controlled substances prior to financial assistance being made available.

Employment referrals that request Direct Employment Assistance to participate in pre-employment orientation and screening shall be tested for controlled substances prior to financial assistance being made available.

Testing positive for controlled substances will disqualify and applicant from receiving direct employment and training services.

D. Termination of Services

Trainees attending Kawerak funded employment or training programs may be terminated from the program, and disqualified from future training programs if convicted of a crime involving a controlled substance or alcohol abuse.

Kawerak may terminate participants and disqualify them from consideration for future employment or training programs if: (1) they are terminated from and educational or training program due to abuse of controlled substances or alcohol, or (2) if the educational or training institute provides credible information that the individual is abusing controlled substances or alcohol while participated in a program funded by Kawerak.

E. Due Process

The Education, Employment and Training Substance Abuse Policy will be attached to the EET application for services. After consideration of an application and completion of assessment, the applicant will be contacted, and EET will schedule a time for the applicant to take the urine test. All testing information will be kept in a secure location and will be kept confidential.

A trainee who is terminated for substance or alcohol abuse after the start of a training program may appeal the termination decision in accordance with the Education, Employment & Training Division appeals process.

F. Scope of Policies

This policy applies to applicants requesting financial assistance to enable participation in training programs, or those requesting employment referrals and direct employment assistance funds. The pre-training urine test will be a requirement for qualifications of these services.

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