

# Kawerak, Inc. Education, Employment & Training Division

HE DE SS VT VBT YEEP ABE GED ESL CNA AVTEC **Today's Date** \_\_\_\_\_

**Mailing Address:** P.O. Box 948 Nome, AK 99762 ~ **Phone:** (907) 443-4358 ~ **Toll Free:** (800) 450-4341 ~ **Fax:** (907) 443-4485

## Initial Intake & 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 / Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Tribally enrolled at (please circle or indicate "other"):**

Brevig Mission - Council - Diomedes - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo - Saint Michael Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain - Other \_\_\_\_\_

**Veteran?**  Yes  No - 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 all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <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"/> Other: _____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Vocational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Obtain Commercial Driver's License <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 High School Diploma or GED <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 ← (ATAP, TANF, food stamps, general assistance) <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: \_\_\_\_\_