



KAWERAK, INC.  
Education, Employment, and Supportive Services  
P.O. Box 948  
Nome, AK 99762

Phone: 907-443-4358  
Toll Free: 1-800-450-4341  
Fax: 907-443-4479  
Email: intake@kawerak.org

## Adult Driver's Education Application

**Applications are due:** 2 weeks prior to training start date.

**APPLICANT'S CHECKLIST:** Please be sure to submit copies (not originals) of the following documents:

- Complete Kawerak Training Application
- NACTEC Application
- Tribal Enrollment Verification (Obtain from your local IRA Office)
- Selective Service Registration (For men age 18 and older)
- Copy of your State of Alaska Permit or Remote Driver's License
- W9 form

### ELIGIBILITY CRITERIA

*Applicants must meet the following criteria:*

1. Must be Alaska Native or American Indian, and a tribal member of a federally recognized tribe.
2. Must be a resident of the Bering Strait region.
3. Must be unemployed, under-employed, and possess limited or no job skills. Individuals who require additional training to retain employment or enhance job skills are eligible to apply.
4. Complete the training application and the Kawerak supplemental application.
5. Must be able to pass a drug test.
6. Must be physically capable.

If you need help with your application or if you have any questions, please contact our Program Specialist at 443-4358 or toll free at 1-(800) 450-4341. Quyanna!

# Kawerak, Inc. Education, Employment & Supportive Service Division

HE DE SS VT STRT SYP ABE GED ESL CNA AVTEC

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

## Initial Intake & Short Education or Employment 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)

Home Phone: \_\_\_\_\_ Work / Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Tribally enrolled at:** Brevig Mission - Council - Diomed - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo Community - St. 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:  Certificate  AA/AAS  BA/BS  MA/MS  Other: \_\_\_\_\_ Year \_\_\_\_\_

Most Kawerak EESS 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)	Education/Employment Service Needs List:
(check all that Apply)  <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify): _____  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single/Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Self-employment <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"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Relocation Assistance for Employment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Transportation To/From Training or Job <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Child Care <input type="checkbox"/> Training Fees or Tuition <input type="checkbox"/> Work Attire or On The Job Clothing <input type="checkbox"/> Other (Specify): _____

### Applicant Status and Program Enrollment

Applicant Primary Status	Barriers to Education/Employment	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, tribal welfare assistance)	(Must Complete)  <b>Last or Current hourly wage:</b> \$ _____  <b>Unemployed since:</b> ____/____/____  (currently on or received in last six months)	(Check All That Apply)  <input type="checkbox"/> Employed - Low Income <input type="checkbox"/> Living in a Rural Area <input type="checkbox"/> Homemaker <input type="checkbox"/> Convicted of a Crime <input type="checkbox"/> Single Parent <input type="checkbox"/> Homeless <input type="checkbox"/> Has a Learning Disability <input type="checkbox"/> Substance or Alcohol Use <input type="checkbox"/> English is a Second Language  <input type="checkbox"/> In Correctional Facilities (AMCC, 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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised 05/8/2018



Northwestern Alaska Career and Technical Center

Douglas J. Walrath, Director

P.O. Box 131

Nome, AK 99762

Tel: 907-443-3507

Fax: 907-443-7076

<http://www.nacteonline.org>

NACTEC Guest User Form

DEMOGRAPHIC INFORMATION									
<i>Please provide all requested information</i>									
This information is necessary for record-keeping purposes to comply with state grant requirements. NACTEC will only share this information as necessary with authorized sources									
<b>Training/Activity:</b> Adult Driver's Education Training									
<b>Training Date(s):</b>					<b>Certificate Earned?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>SOCIAL SECURITY #</b>			<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MI</b>		
<b>MAILING ADDRESS</b>			<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>		
<b>EMAIL ADDRESS</b> (Optional)									
<b>CONTACT PHONE</b>									
<b>Are you Hispanic/Latino?</b>			<b>Citizen Status</b> (Please check only one)			<b>DATE OF BIRTH</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	United States Citizen	Month	Day	Year	
<b>Race</b> (Check one or more)				<input type="checkbox"/>	Permanent Resident Alien				
<input type="checkbox"/>	Alaska Native			<input type="checkbox"/>	Refugee/Parolee				
<input type="checkbox"/>	American Indian			<input type="checkbox"/>	Temporary Work	<b>GENDER</b>			
<input type="checkbox"/>	Asian			<input type="checkbox"/>	Other				<input type="checkbox"/>
<input type="checkbox"/>	Black or African America			<b>Are you a veteran?</b> (Please check one)					
<input type="checkbox"/>	Hawaiian Native or Other			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Currently Serving
<input type="checkbox"/>	Pacific Islander			<b>Are you an Alaskan Resident?</b> (Please check one)					
<input type="checkbox"/>	White			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<b>Emergency Contact Information:</b>									
<i>Provide the name and a contact number for a relative or individual who should be contacted in case of emergency.</i>									
<b>Last Name</b>			<b>First Name</b>		<b>Relationship</b>		<b>Telephone</b>		
<b>HEALTH &amp; SAFETY INFORMATION</b>									
<b>Do you have any physical conditions requiring special accommodation?</b>						<input type="checkbox"/>	<input type="checkbox"/>		
Explain:						Yes	No		
<b>Are you allergic to any drugs, foods, or chemicals?</b>						<input type="checkbox"/>	<input type="checkbox"/>		
Explain:						Yes	No		
<b>Do you have any other medical conditions we should be aware of?</b>						<input type="checkbox"/>	<input type="checkbox"/>		
Explain:						Yes	No		

NACTEC is an equal opportunity employer and program administrator. Auxiliary aids and services are available upon request to individuals with disabilities.

## User Agreement

### I understand:

1. **Safety is a number one priority** while on campus. I will follow all instructions and wear proper personal protective equipment to avoid injury, if applicable. (\_\_\_\_ Initials)
  
2. **NACTEC maintains a ZERO TOLERANCE POLICY:**
  - a. **Drugs & Alcohol are not permitted at any time.** This includes weekends and free time. If I am found using drugs or alcohol, I understand I will be removed from campus and sent home at my own expense. (\_\_\_\_ Initials)
  - b. I must remain **sober and drug-free at all times** on campus, including the dorms. (\_\_\_\_ Initials)
  - c. If I am suspected of using alcohol or drugs during my training session, **I may be tested** by NACTEC staff at any time. (\_\_\_\_ Initials)
  
3. NACTEC **promotes healthy habits** and discourages smoking.
  - a. I understand tobacco products can not be used in NACTEC's vehicles, in NACTEC facilities, or on Nome-Beltz campus. (\_\_\_\_ Initials)
  
4. I must **properly dispose of trash** by cleaning up my personal space and using trashcans or dumpsters. This includes food and beverage containers. (\_\_\_\_ Initials)
  
5. **I will refrain** from entering facility areas such as unassigned classrooms, private areas, break rooms, offices and mechanical/technical/storage rooms **unless authorized.** (\_\_\_\_ Initials)

#### APPLICANT AUTHORIZATION SIGNATURE

- I certify to the best of my knowledge the information in this application is accurate and true.
- My signature below represents my understanding and acceptance of the above rules.
- I understand this information is necessary for record-keeping purposes to comply with state grant requirements. NACTEC will share this information as necessary with authorized sources.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### WE INVITE YOUR INPUT

Based on your experience at NACTEC so far, what suggestions, comments or feedback might you offer to help improve classes, facilities, or resource for students: