



**KAWERAK. INC.**

*REPRESENTING*

**Brevig Mission**

*Sitaisaq*

**Council**

**Diomedes**

*Inyaliq*

**Elim**

*Niviarcaurluq*

**Gambell**

*Sivuqaq*

**Golovin**

*Chinik*

**King Island**

*Ugiuvak*

**Koyuk**

*Kuuyuk*

**Mary's Igloo**

*Qawiaraq*

**Nome Eskimo**

*Sitnasuak Inuit*

**Savoonga**

*Sivungaq*

**Shaktolik**

*Saktuliq*

**Shishmaref**

*Qikiqtaq*

**Solomon**

*Anuutaq*

**St. Michael**

*Taciq*

**Stebbins**

*Tapraq*

**Teller**

*Tala*

**Unalakleet**

*Unalaqtiq*

**Wales**

*Kinyigin*

**White Mountain**

*Igaluik /*

*Nutchirviq*

## Construction Safety Training in CHUGIAK, AK

Applications are due: **April 8, 2024**

### APPLICANT'S CHECKLIST:

- ☐ Statement of Interest: Why are you interested in this training? How will this training assist you in obtaining employment or enhance skills at your current job? See page 3 of application.
- ☐ Complete Kawerak Training Application Packet

**\*\*If you have received services from Kawerak EESS within the last 3 years we may have documents on file. \*\***

### ELIGIBILITY CRITERIA

*Applicants must meet the following criteria:*

1. Must be a regional resident.
2. 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.
3. Complete the training application and Employment Development Plan (EDP).
4. Applicants must show financial need after having applied for additional funding resources.
5. Must be able to pass a drug test.
6. Must be physically capable.

### APPLICATION SUBMISSION:

Scan and email: [training@kawerak.org](mailto:training@kawerak.org)

Fax: (907)802-7806

If you need help with your application or if you have any questions, please contact our Regional Training Specialist at 443-4391 or toll free at 1-(800) 450-4341.

**Quyana!**

**KAWERAK. INC.**

PO Box 948 • Nome Alaska 99762 • 907.443.5231 • [www.kawerak.org](http://www.kawerak.org)

Advancing the capacity of our people and tribes for the benefit of the region.

# 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)802-6183

## 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> ____/____/____ <b>(currently on or received in last six months)</b>	(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



## KAWERAK, INC.

Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-802-6183

Email: [intake@kawerak.org](mailto:intake@kawerak.org) Website: [www.kawerak.org](http://www.kawerak.org)

**KAWERAK, INC.**

### Supplemental Information Forms

First Name:

MI:

Last Name:

**LIST ALL PEOPLE LIVING IN THE HOUSEHOLD: (spouse, boyfriend, girlfriend, partner, roommates, children, parents, grandparents, aunts, uncles, cousins, etc.)**

Name:	Relationship:	Date of Birth	Social Security #	Employed (circle one)	Monthly Income, Including Unemployment Benefits
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
<b>TOTAL INCOME</b>					

HOUSEHOLD TYPE: ☐ Own ☐ Mortgaged ☐ Rental ☐ Relatives ☐ Other:

### ECONOMIC STATUS: Please check if you or family members listed above receive any of the following

- |  |   |
|--|---|
| <input type="checkbox"/> State of Alaska ATAP/TANF<br><input type="checkbox"/> Tribal Welfare Assistance<br><input type="checkbox"/> Food Stamps/SNAP<br><input type="checkbox"/> Supplemental Security Income (SSI)<br><input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Heating Assistance (LIHEAP)<br><input type="checkbox"/> Military Income (Veterans Benefits)<br><input type="checkbox"/> Child Support<br><input type="checkbox"/> Seniors Assistance<br><input type="checkbox"/> Subsidized Employment |
|--|---|

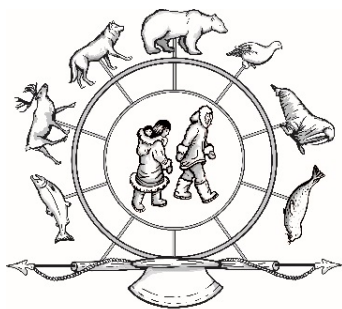
LIST TOTAL MONTHLY EXPENSES: (Proof of Expenses may be Requested of Applicant)			
Rent/Mortgage	\$	Home Phone	\$
Food	\$	Cell Phone	\$
Electricity/Utilities	\$	Cable	\$
Water/Sewer	\$	Internet	\$
Heating Fuel	\$	Other	\$
Propane	\$	Other	\$
Total	\$	Total	\$

EMPLOYMENT HISTORY or SELF-EMPLOYMENT			
Job Title:		Start Date:	End Date:
Employer:		Phone #:	Wage:
Reason for Leaving:			
Duties:			
Job Title:		Start Date:	End Date:
Employer:		Phone #:	Wage:
Reason for Leaving:			
Duties:			

STATEMENT OF NEED
<b>**DO NOT LEAVE BLANK**</b> What are your employment goals and what assistance are you are requesting?

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds for denial of services and may lead to prosecution, fines, and imprisonment. I understand my name will never be used in any report and that all data will be kept strictly confidential within Kawerak. I have read and understand my rights and responsibilities.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_



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Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485

Email: [intake@kawerak.org](mailto:intake@kawerak.org) Website: [www.kawerak.org](http://www.kawerak.org)

**KAWERAK, INC.**

### AUTHORIZATION OF RELEASE OF INFORMATION

(Valid for no less than 24 Months)

I hereby authorize the release of any and all information needed by Kawerak, Inc. for the use and determination of eligibility for financial assistance through the Education, Employment, and Supportive Services Division and for exchange of information for the Education or Employment Development Plan and career guidance services.

Persons or organizations that may be contacted include, but are not limited to: State of Alaska: Department of Labor and Workforce Development; Department of Public Assistance; Social Security Administration; Local Governments; City Councils; Village Councils; Native Corporations; State, Federal, and Private Educational organizations; Financial Institutions; Landlords, Employers, School Districts; Businesses and Private individuals.

I hereby authorize the use or disclosure of my personal and protected information described below but may not be all inclusive.

☐ Birth Certification    ☐ Social Security Card    ☐ Verification of Tribal Enrollment    ☐ Employment Pay Stubs

☐ Verification of Selective Service    ☐ Verification of Employment    ☐ Verification of Residency

☐ Verification of Public Assistance or Unemployment from the State of Alaska

☐ Verification of Education Diploma, Degree, or Certificate    ☐ Other: \_\_\_\_\_

I understand that this authorization is voluntary. I understand that my records may contain sensitive information. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. This authorization expires 2 years from the date of signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
IF UNDER 17 Years of Age: Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**Alaska Workforce Investment Board (AWIB)**  
**Participant State Grant Application**  
**STATE OF ALASKA**

*Equal Opportunity Employer/Program*

*Auxiliary aids and services are available upon request to individuals with disabilities.*

**(For Grantee Office Use Only)**

Which grant program is the participant enrolling in? (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Alaska Construction Academies (ACA)           | <input type="checkbox"/> State Training Employment Program (STEP) |
| <input type="checkbox"/> Technical Vocational Education Program (TVEP) | <input type="checkbox"/> Alaska Workforce Infusion Grant (AWIG)   |

**Please PRINT clearly and sign where indicated.**

**Participant Information**

Application Date:		Enrollment Date:	
Do you have a MyAlaska Account? <input type="checkbox"/> Yes <input type="checkbox"/> No		MyAlaska Username (To access AlaskaJobs only):	
First Name:		Middle Initial:	Last Name:
Social Security #:	Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to answer
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident Alien <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> None of these <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Other		If you experience a disability, are you able to perform the essential functions of this job or training program with or without reasonable accommodation? <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Yes, I can perform the essential functions <input type="checkbox"/> No, I cannot perform the essential functions	
Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to answer		Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer	
Email Address:			
Phone Number:	Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone		How do you prefer to receive notifications? <input type="checkbox"/> Text Message <input type="checkbox"/> Email
Alternate Phone Number:	Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone		Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address:		City:	State:
Zip:	County/Borough/Parish:		Country:
Mailing Address (if different from physical address):		City:	State:
Zip:	County/Borough/Parish:		Country:
<b>Military Affiliation</b>			
Are you currently in the U.S. Military or a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you the spouse of a member of the armed forces who is on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence? <b>OR</b> A spouse of a service member on active duty who died or has been Missing In Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Education Information</b>			
Your Highest Education Level Achieved: <input type="checkbox"/> No School grades Completed <input type="checkbox"/> ____ Grade (Write in the grade you completed from 1-12 in the space provided) <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate			
Are you attending school? <input type="checkbox"/> Yes, High School <input type="checkbox"/> Yes, Middle School <input type="checkbox"/> Yes, College or Technical/Vocational School <input type="checkbox"/> No			
<b>Eligibility Assessment (STEP Applicant Only)</b> <i>Approval for STEP services is contingent upon eligibility.</i>			
Needs the training to remain a self-sufficient wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an Alaska Resident who has resided in the state for the past 30 days and plans to remain in the state indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you worked in a position that contributed to Unemployment Insurance (U.I.) in Alaska or another state with similar provisions sometime in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Eligibility Criteria:  <input type="checkbox"/> Unemployed and receiving Unemployment Insurance (UI) benefits <input type="checkbox"/> Unemployed but not receiving Unemployment Insurance (UI) benefits <input type="checkbox"/> Employed but likely to be displaced because of the reduction in overall employment within the business <input type="checkbox"/> Employed but likely to be displaced because of the elimination of your current job <input type="checkbox"/> Employed but likely to be displaced because of a change requiring that to remain employed, they must learn substantially different skills <input type="checkbox"/> In need of training to improve the prospect of obtaining or retaining employment			

**Applicant Certification and Release of Information – Please write your initials next to each statement.**

My signature below affirms the certifications, media release, and release of information listed below:

- ✓ I certify to the best of my knowledge that the information in this application is accurate, true, verifiable, and subject to verification.
- ✓ I understand that the answers I have provided in this application are considered self-attestation, and I may be asked to provide proof to support my answers.
- ✓ I understand that falsification of information to receive grant benefits may be grounds for removal from the program, and/or I may have to repay benefits received.
- ✓ I certify that I am an Alaska resident, and I intend to stay in Alaska and make it my home.
- ✓ I certify that I have reviewed a copy of the Program Complaints and Appeals Policy, which describes the complaint and appeals process with regard to program complaints and discrimination complaints.
- ✓ I certify that I have reviewed a copy of the Program and Equal Opportunity Discrimination Complaint Information document and have read and understand the contents of this document.
- ✓ I agree to the use of the personally identifiable data collected on this form, including my Social Security number, for use by the Alaska Department of Labor to measure the performance and outcomes of the activities conducted under the **AWIB**.
- ✓ I understand that the funds I am applying to receive are for training or support services from the **STEP** program, which is funded from a percentage of employee payroll tax contributions to Unemployment Insurance. I agree to complete a survey or other inquiry regarding the training or services received from the **STEP** program and my employment outcome after receiving the services or training. **(STEP Applicant Only)**

I, DO ☐ DO NOT ☐, grant the State of Alaska and all its administrative subdivisions the irrevocable right to use my likeness, comments, or personal story or all in media presentations, any of which may be reproduced and publicly distributed in media such as in photographs, videos, advertisements, and newspaper and magazine articles for public information, marketing, or policy discussions. This release is unconditional. I waive any right that I may have to inspect and approve the image or commentary that may be used. I release the State of Alaska and its administrative subdivisions from any claim(s) for compensation associated with using these images and/or commentaries.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_  
**(If the applicant is under age 18)**

**Date:** \_\_\_\_\_

**Grantee Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_