Boiler Maintenance Training
November 12-17, 2018

Applications are due November 2, 2018

APPLICANT'S CHECKLIST:

☐ Letter 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?
☐ Complete Kawerak Training Application
☐ Tribal Enrollment Verification (Obtain from your local IRA Office)
☐ Selective Service Registration (For men age 18 and older)

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. Applicants must show financial need after having applied for additional funding resources.
6. Must be able to pass a drug test.
7. Must be physically capable.

APPLICATION SUBMISSION:

Scan and email: intake@kawerak.org
Fax: (907)443-4485

If you need help with your application or if you have any questions, please contact our Regional Training Specialist at 443-4388 or toll free at 1-(800) 450-4341.

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

**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

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## Initial Intake & Short Education or Employment Development Plan

<table>
<thead>
<tr>
<th>Name: (First)</th>
<th>(Middle)</th>
<th>(Last)</th>
<th>(Also Known As – or Maiden name)</th>
<th>Current Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
<td>Date of Birth:</td>
<td></td>
<td>Gender: Male</td>
<td>Female</td>
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<tr>
<td>Present Mailing Address:</td>
<td>(Street Address or P.O. Box)</td>
<td>(City)</td>
<td>(State)</td>
<td>(Zip Code)</td>
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<tr>
<td>Home Phone:</td>
<td>Work / Cell:</td>
<td>Email Address:</td>
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**Tribally enrolled at:** Brevig Mission - Council - Diomede - 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/AS ☐ 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 ☐

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## Applicant Ethnicity:

- ☐ Alaskan Native
- ☐ American Indian
- ☐ Other (specify):

**Marital Status:**

- ☐ Married
- ☐ Single/Separated
- ☐ Living with Partner
- ☐ Divorced/Widowed

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## Applicant Primary Goal: (check one)

- ☐ Obtain or Improve a Job
- ☐ Retain Current Job
- ☐ Self-employment
- ☐ Earn a High School Diploma or GED
- ☐ Enter Postsecondary Education or Job Training
- ☐ Educational Gain
- ☐ Obtain Driver’s License ☐ Commercial Driver’s License
- ☐ Subsistence Activities (carving, beading, sewing, etc.)
- ☐ Other (Specify):

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## Education/Employment Service Needs List:

- ☐ Relocation Assistance for Employment
- ☐ Housing Assistance
- ☐ Transportation To/From Training or Job
- ☐ Enter Postsecondary Education or Job Training
- ☐ Child Care
- ☐ Training Fees or Tuition
- ☐ Work Attire or On The Job Clothing
- ☐ Other (Specify):

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## Applicant Status and Program Enrollment

**Applicant Primary Status**

- ☐ Disabled
- ☐ Employed
- ☐ Worked 90 days or more - this calendar year
- ☐ Unemployed
- ☐ Collecting Unemployment
- ☐ Not in the Labor Force
- ☐ On Public Assistance (ATAP, TANF, food stamps, tribal welfare assistance)

**Barriers to Education/Employment**

- ☐ Employed – Low Income
- ☐ Living in a Rural Area
- ☐ Homemaker
- ☐ Convicted of a Crime
- ☐ Single Parent
- ☐ Homeless
- ☐ Has a Learning Disability
- ☐ Substance or Alcohol Use
- ☐ English is a Second Language

**Institutional Programs**

- ☐ In Correctional Facilities (AMCC, Seaside, etc.)
  - Release date:
- ☐ In Other Institutional Settings (A.P.I., Substance Treatment, etc.)
  - Release date:
- ☐ None of the above

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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:** ___________________________

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**FOR OFFICE USE ONLY:** Date Received: ____________ Date Entered: ____________ Initials: ____________  
Revised 05/8/2018
### Supplemental Information Forms

<table>
<thead>
<tr>
<th>First Name:</th>
<th>MI:</th>
<th>Last Name:</th>
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**LIST ALL PEOPLE LIVING IN THE HOUSEHOLD:** (spouse, boyfriend, girlfriend, partner, roommates, children, parents, grandparents, aunts, uncles, cousins, etc.)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Date of Birth</th>
<th>Social Security #:</th>
<th>Employed (circle one)</th>
<th>Monthly Income, Including Unemployment Benefits</th>
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**TOTAL INCOME**

**HOUSEHOLD TYPE:**
- [ ] Own
- [ ] Mortgaged
- [ ] Rental
- [ ] Relatives
- [ ] Other

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

- [ ] State of Alaska ATAP/TANF
- [ ] Tribal Welfare Assistance
- [ ] Food Stamps/SNAP
- [ ] Supplemental Security Income (SSI)
- [ ] Social Security Disability Insurance (SSDI)
- [ ] Heating Assistance (LIHEAP)
- [ ] Military Income (Veterans Benefits)
- [ ] Child Support
- [ ] Seniors Assistance
- [ ] Subsidized Employment

Revised 05/8/2018
| 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 $** |

<table>
<thead>
<tr>
<th>EMPLOYMENT HISTORY or SELF-EMPLOYMENT</th>
</tr>
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<tbody>
<tr>
<td>Job Title:</td>
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<tr>
<td>Employer:</td>
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<tr>
<td>Reason for Leaving:</td>
</tr>
<tr>
<td>Job Title:</td>
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<tr>
<td>Employer:</td>
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<tr>
<td>Reason for Leaving:</td>
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<tr>
<th>STATEMENT OF NEED</th>
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<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| Print Name: | Sign: | Date: |
W-9 Request for Taxpayer Identification Number and Certification

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership).
   - Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number(s) here (optional)

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**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<table>
<thead>
<tr>
<th>Social security number</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

<table>
<thead>
<tr>
<th>Signature of U.S. person</th>
<th>Date</th>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.