



KAWERAK, INC.

REPRESENTING

Brevig Mission

Sitaisaq

Council

Akauchak

Diomedea

Injalik

Elim

Neviarcuarluq

Gambell

Sivuqaq

Golovin

Chinik

King Island

Ugiuvak

Koyuk

Kuuyuk

Mary's Igloo

Iglaaruk

Nome Eskimo

Sitnasuami Inuit

Savoonga

Sivungaq

Shaktoolik

Saktulik

Shishmaref

Kigiataq

Solomon

Anuutaq

St. Michael

Taciq

Stebbins

Tapraq

Teller

Tupqaqruk

Unalakleet

Ujalaqtiq

Wales

Kinjigin

White Mountain

Natchigvik

Tungwenuk Family Qupak Design, used with permission

Intro. Heavy Equipment Operation April , 2026

Full Name: _____

Applications are due: _____

APPLICANT'S CHECKLIST

Complete Kawerak Training Application (this 7 page packet)

Tribal Enrollment Verification (a copy of your Tribal ID)

Selective Service Registration (for males 18-25 years old only)

ELIGIBILITY CRITERIA

Applicants must meet the following criteria

1. Must be a resident of the Bering Strait Region. Nome Eskimo tribal members must apply with their tribe.
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. Applicant must show financial need after having applied for additional funding resources.
4. Must be able to pass a drug test,
5. Must be physically capable.

APPLICATION SUBMISSION

Scan and email to training@kawerak.org

Or Fax 907-802-7806

If you need help with your application or if you have any questions, please contact our Regional Training Specialist at 907-443-4391 or toll free at 1-800-450-4341. Quyana!

KAWERAK, INC.

PO Box 948 • Nome Alaska 99762 • 907.443.5231 • www.kawerak.org

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

Kawerak, Inc. Education, Employment & Supportive Service Division

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Mailing Address: P.O. Box 948 Nome, AK 99762 **Email:** training@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 Initial) (Last) (Also Known As – or Maiden name)

Social Security Number: _____ Date of Birth mm/dd/yyyy: _____ 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: _____ & Year _____
 College/Vocational Graduate - Type of Degree: Certificate AA/AAS BA/BS MA/MS Other: _____

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): _____ Marital Status: <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) Last or Current hourly wage: \$ _____ Unemployed since: _____ (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

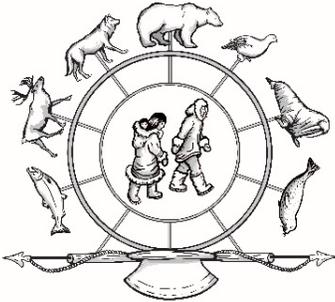
I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly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

Print Name: _____ Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

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

Revised 03/08/2022



KAWERAK, INC.

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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 Website: www.kawerak.org

Supplemental Information Forms

Full 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 Yes or No	Monthly Income, Including Unemployment Benefits
	Self				
TOTAL INCOME					

HOUSEHOLD TYPE: Own Mortgaged Rental Relatives Other:

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

- | | |
|--|--|
| <input type="checkbox"/> State of Alaska ATAP/TANF | <input type="checkbox"/> Heating Assistance (LIHEAP) |
| <input type="checkbox"/> Tribal Welfare Assistance | <input type="checkbox"/> Military Income (Veterans Benefits) |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Seniors Assistance |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <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
DO NOT LEAVE BLANK 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: _____

KAWERAK, INC.
VENDOR PAYMENT AGREEMENT

AUTHORIZATION FOR VENDOR PAYMENT

VENDOR NAME : _____

MAILING ADDRESS: _____

VENDOR EMAIL: _____

VENDOR PHONE: _____

PAYMENT METHOD: (INITIAL)

____ - ACH TRANSFER**Please fill out Bank information and sign below

____ - PHYSICAL CHECK **Please sign below, Kawerak we will not reissue physical payments for 60 days

DEPOSITORY (bank) NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Checking/Savings (CIRCLE ONE)

TRANSIT ROUTING#: _____

ACCOUNT #: _____

I (we) hereby authorize KAWERAK, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to: Checking or Savings Account indicated above and the depository named above, called DEPOSITORY.

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification from me of its termination.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Attach voided check below line, if possible, before emailing to finance@kawerak.org



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 P.O. Box 948, Nome, AK 99762
 Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485
 Email: intake@kawerak.org Website: www.kawerak.org

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 Certificate 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.

Please check this box if you give Kawerak, Inc. permission/authorization to use images and/or video of yourself for any news, promotion, or education materials produced by Kawerak, Inc. or related agencies.

 Printed Name of Applicant Date of Birth

 Signature of Applicant Date

 IF UNDER 17 YEARS OF AGE: Signature of Parent or Guardian Date

 Printed Name of Parent or Guardian