



**KAWERAK. INC.**

REPRESENTING

**Brevig Mission**

*Sitaisaq*

**Council**

**Diomedes**

*Injalik*

**Elim**

*Niviarcaurluq*

**Gambell**

*Sivuqaq*

**Golovin**

*Chinik*

**King Island**

*Ugiuvak*

**Koyuk**

*Kuuyuk*

**Mary's Igloo**

*Qawiaraq*

**Nome Eskimo**

*Sitnasuak Inuit*

**Savoonga**

*Sivungaq*

**Shaktoolik**

*Saktuliq*

**Shishmaref**

*Qikiqtaq*

**Solomon**

*Anuutaq*

**St. Michael**

*Taciq*

**Stebbins**

*Tapraq*

**Teller**

*Tala*

**Unalakleet**

*Unyalaqtiq*

**Wales**

*Kinigin*

**White Mountain**

*Igakuik /*

*Nutchirviq*

## Intro. to Service Oiler

Nome, AK

Applications are due **January 31, 2020**

### 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
- Letter of support from your current or potential employer**
- Selective Service Registration (For men age 18 and older)

**\*\*If you have received services from Kawerak EESS within the last 5 years we may have documents on file.\*\***

### ELIGIBILITY CRITERIA

*Applicants must meet the following criteria:*

1. Must be a resident of the Bering Strait region.
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 the Kawerak supplemental application.
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: [intake@kawerak.org](mailto: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.

**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)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): _____

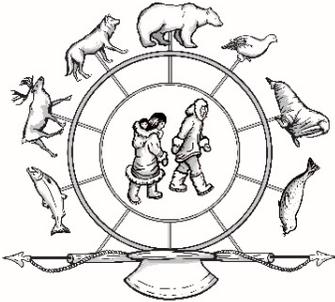
### Applicant Status and Program Enrollment

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: \_\_\_\_\_



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**Supplemental Information Forms**

First Name:	MI:	Last Name:
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**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	
<b>TOTAL INCOME</b>					

**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<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: \_\_\_\_\_