

SKID STEER TRAINING Nome November 25-26, 2024

Name (First M.I. La	st):	

Applications Due: November 15, 2024

APPLICANT'S CHECKLIST:

Complete Kawerak Vocational Training Application (8 pages)

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 4 of application)

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

Copy of Tribal Enrollment Verification (Tribal ID)

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. Applicants 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: 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

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

Page 1 of 7 Kawerak Application

REPRESENTING
Brevig Mission

Sitaisaq

Council Diomede

Iŋaliq Elim

Niviarcaurluq

Niviarcauriuq 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
Unalaqiiq

Wales Kinigin

White Mountain

Iġałuik / Nutchirviq

Kawerak, Inc. Education, Employment & Supportive Service Division

 $\Box \mathsf{HE} \ \Box \mathsf{DE} \ \Box \mathsf{SS} \ \Box \mathsf{VT} \ \Box \mathsf{STRT} \ \Box \mathsf{SYP} \ \Box \mathsf{ABE} \ \Box \mathsf{GED} \ \Box \mathsf{ESL} \ \Box \mathsf{CNA} \ \Box \mathsf{AVTEC}$

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

manning riddi obb. i re	7. BOX 7 10	Initial Intake & Short Educ	3	. ,	nt Plan		
	Vame:						
			,		,		
Social Security Number: Date of Birth: Gender: Male Fema					Gender: Male Female		
Present Mailing Addres							
		(Street Address or P.O. Box), (City, State Zip				
Home Phone: Work / Cell: Email Address:							
Tribally enrolled at: Brevig Mission - Council - Diomede - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo Community - Savoonga - Shaktoolik - Shishmaref - Solomon - St. Michael Stebbins - Teller - Unalakleet Wales White Mountain - Other (specify)?							
Veteran? Yes N	o - Date o	f Discharge:	Registered wit	h Selective Serv	vice? Yes No		
Educational Status :	High Scl	nool Diploma - Year Graduated:	GED - Y	ear obtained	OR Highest Grade Completed:		
College/Vocational G	iraduate -	Type of Degree: Certificate	AA/AAS BA/BS	MA/MS	Other: Year		
Most Kawer	ak EESS	programs and/or jobs are subjec	et to drug tes i ng. Ar e	you willing to t	ake a drug test? Yes No		
Applicant Ethnicity:	Applicar	nt Primary Goal: (check one)		Education/Em	pployment Service Needs List:		
(check all that Apply)	☐ Obtai	n or Improve a Job		☐ Relocation	Assistance for Employment		
☐ Alaskan Native	□ Retai	n Current Job		☐ Housing As	ssistance		
☐ American Indian	☐ Self-e	employment		☐ Transporta	☐ Transportation To/From Training or Job		
☐ Other (specify):	□ Earn	a High School Diploma or GED		☐ Enter Post:	secondary Education or Job Training		
	☐ Enter	Postsecondary Education or Jo	b Training	☐ Child Care			
Marital Status:	□ Educ	ational Gain		☐ Training Fe	ees or Tuition		
☐ Married	□ Obtai	n Driver's License ☐ Commerc	cial Driver's License	☐ Work Attire	e or On The Job Clothing		
☐ Single/Separated	☐ Subs	istence Activities (carving, beadi	ing, sewing, etc.)	☐ Other (Spe	cify):		
☐ Living with Partner		(Specify):	3. 3. ,	, ,	<i>3,</i>		
☐ Divorced/Widowed		(-1)/					
		Applicant St	atus and Program Er	rollment			
Applicant Primary Statu	IS	(14.10.11)	Barriers to Education		Institutional Programs		
(Check All That Apply)		(Must Complete)	(Check All That Apply)	(Check All That Apply)		
□ Disabled□ Employed		Last or Current hourly	☐ Employed – Lov		☐ In Correctional Facilities (AMCC, Seaside, etc.)		
☐ Worked 90 days or mo	ore -	wage: \$	☐ Living in a Rura	Area			
this calendar year Unemployed ————		Unemployed since:	☐ Homemaker☐ Convicted of a O	Release date			
☐ Collecting Unemploym			☐ Single Parent	illile	☐ In Other Institutional Settings		
☐ Not in the Labor Force			☐ Homeless		(A.P.I., Substance Treatment, etc.)		
☐ On Public Assistance (ATAP, TANF, food stam)		(currently on or received in last six	☐ Has a Learning	Disability	Release date		
welfare assistance)	, , , , , ,	months)	☐ Substance or Alcohol Use		☐ None of the above		
			☐ English is a Sec	ond Language			
		is application is true to the best of munderstand that my name will never			ree to allow information from this form to be used rill be kept strictly confidential.		
Print Name:		Signature	e:		Date:		
Guardian's Signature:			Date:				



KAWERAK, INC.

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

Toll Free: 1-800-450-4341 Phone: 907-443-4462

Email: training@kawerak.org Website: 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	Monthly Income, Including Unemployment Benefits	
			TOTAL	INCOME		
HOUSEHOLD TYPE: ☐ Own ☐ Mortg	aged □ Rent	al 🗆 Relati	ves 🗆 Other:			
ECONOMIC STATUS: Please	e check is you o	r family memb	ers listed above receive any	of the follow	<i>i</i> ing	
☐ State of Alaska ATAP/TANF		☐ Heating Assistance (LIHEAP)				
☐ Tribal Welfare Assistance		☐ Military Income (Veterans Benefits)				
☐ Food Stamps/SNAP		☐ Child Support				
☐ Supplemental Security Income (SSI)		☐ Seniors Assistance				
☐ Social Security Disability Insurance (SSDI		☐ Subsidized Employment				

Revised 05/8/2018

D //h. /	Φ.	II	
Rent/Mortgage	\$	Home Phone	\$
Food	\$	Cell Phone	\$
Electricity/Utilities	\$	Cable	\$
Water/Sewer	\$	Internet	\$
Heating Fuel	\$	Other	\$
Propane	\$	Other	\$
Total	\$	Tot	al \$
	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:			
	91	FATEMENT OF NEED	-
		TATEMENT OF REED	

Sign:

I have read and understand my rights and responsibilities.

Print Name:

Date:

KAWERAK, INC. VENDOR PAYMENT AGREEMENT

AUTHORIZATION FOR VENDOR PAYMENT

VENDOR NAME :		
MAILING ADDRESS:_		
VENDOR EMAIL:		
VENDOR PHONE:		
PAYMENT METHO	DD: (INITIAL)	
ACH TRANSF	ER^{**} Please fill out Bank informatio	on and sign below
PHYSICAL CH	ECK **Please sign below, Kawera	ık we will not reissue physical payments for 60 days
DEPOSITORY (bank)) NAME:	
CITY:	STATE:	ZIP:
	#:	
entries and adjustments fo	· · · · · · · · · · · · · · · · · · ·	it entries and to initiate, if necessary, debit : Checking or Savings Account indicated RY.
This authority is to remain from me of its termination		werak, Inc. has received written notification
PRINT NAME:		
SIGNATURE:		DATE:

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

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	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		
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes. □ Individual/sole proprietor or □ C Corporation □ S Corporation □ Partnership single-member LLC □ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnershote: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the orange another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner □ Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.	Trust/estate ship) vner. Do not check wner of the LLC is le-member LLC that er.	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) (Applies to accounts maintained outside the U.S.)
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid Social sec	curity number
oackı eside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	or a	
TIN, la		or	
Note:	: If the account is in more than one name, see the instructions for line 1. Also see What Name a	and Employer	identification number
Numk	ber To Give the Requester for guidelines on whose number to enter.		-
Par	t II Certification		
Unde	r penalties of perjury, I certify that:		
2. I ar Sei	e number shown on this form is my correct taxpayer identification number (or I am waiting for a m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest colonger subject to backup withholding; and	I have not been n	otified by the Internal Revenue

- 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

	interest and dividends, you are no	required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



Print Name

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: 907-443-4485

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 unclusive.	use or disclosure of my pe	rsonal and protected	information desci	ribed below but may not be	all
☐ Birth Certification	☐ Social Security Card	☐ Verification of Tr	ibal Enrollment	☐ Employment Pay Stubs	5
☐ Verification of Selec	tive Service Verificat	ion of Employment	☐ Verification o	f Residency	
☐ Verification of Public	c Assistance or Unemploy	ment from the State o	of Alaska		
☐ Verification of Educa	ation Diploma, Degree, or	Certificate □Othe	r:		
extent that this information continue to keep this in	tion is required to remain o	confidential by federa nderstand that I may	I or state law, the	ain sensitive information. To recipient of this information this signed authorization.	n must
Signature of Applicant			Date		
Print Name			Date of Birth		
IF UNDER 17 Years of	f Age : Signature of Parent	or Guardian	Date		

NORTHERN INDUSTRIAL TRAINING, LLC APPLICATION FOR TRAINING



		First Name		Middle Name	
Full SSN (Required)	Date of Birth		Driver's License #	and State of Issue	
Tun BBT (Troquireu)					
Mailing Address					
City, State Zip					
Home Phone		Cell Phone			
Email:		<u> </u>			
US Citizen: Yes No		Male Female Jon-Disclosed		YesNo	
Current Employer:					
Race (check only one):Alaskan NaCaucasianHawaiian					
		Y CONTACT INFO			
In the event of an emergency while a following person or persons on your Name:	behalf:	•			
Signature:			Date :		
			om usa im aduantinmal		
Northern Industrial Training, LLC (NIT photographs often include student in claphotographs as a part of its publicity and photographs might include them and might	ssrooms, study are marketing efforts	eas, training locations and s. Students who enroll at	l at special events. N NIT do so with the u	IT reserves the right to use these understanding that thesevsd 3/15	
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Ph: 907-357-6400 :: Fax: 907-357-6430 :: 1-888-367-6482 :: www.NITalaska.com :: 1740 N Terrilou Court :: Palmer, AK 99645