



**KAWERAK, INC.**

REPRESENTING

**Brevig Mission**

*Sitaisaq*

**Council**

*Akauchak*

**Diomedea**

*Injalik*

**Elim**

*Neviarcuarluk*

**Gambell**

*Sivuqaq*

**Golovin**

*Chinik*

**King Island**

*Ugiuvak*

**Koyuk**

*Kuuyuk*

**Mary's Igloo**

*Iglaaruk*

**Nome Eskimo**

*Sitnasuami Inuit*

**Savoonga**

*Sivungaq*

**Shaktoolik**

*Saktulik*

**Shishmaref**

*Kigiqtaq*

**Solomon**

*Anuutaq*

**St. Michael**

*Tacik*

**Stebbins**

*Tapraq*

**Teller**

*Tupqaqruk*

**Unalakleet**

*Ujalaqtiq*

**Wales**

*Kinjigin*

**White Mountain**

*Natchigvik*

## Class A CDL Training

@ Northern Industrial Training in Palmer, AK

July 13 - August 6, 2026

Full Name: \_\_\_\_\_

**Application Deadline 6/24/26 4:30pm**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

### 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)

Provide copy of Driver's License

Provide copy of Social Security Card

Review DMV Real ID Checklist attached on page 6 (*if selected, you will need to provide original documents from columns A, B and C to the DMV in Palmer to get your CDL license after training*)

### ELIGIBILITY CRITERIA

*Applicants must meet the following criteria*

1. Must be a resident of the Bering Strait Region.
2. Must be enrolled in a federally recognized tribe
3. Must be able to pass a drug screening
4. Must have a clean driving record for the last 5 years
5. 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.
6. Applicant must show financial need after having applied for additional funding resources.
7. Must be physically capable.

### APPLICATION SUBMISSION

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

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](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 AE GED ESL CNA AVTEC

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): _____  <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: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised 03/08/2022

# PRE-TRAINING CHECKLIST

*Class A CDL Training at NIT in Palmer, AK  
July 13 - August 6, 2026*



**KAWERAK, INC.**

*After an applicant is selected, there will be more forms to complete, further documentation to provide, and actions that need to happen. You do not need to provide these items with your application, you just need to indicate if you have them on hand today or are capable of doing them.*

Please check all boxes that apply to you:

I can pass a drug test

I have a valid Alaska Driver's License

I have a clean driving record for the last 5 years

I have all required original documents for columns A, B and C on the "REAL ID (Federally Compliant) Checklist" attached to this application (*This is required by the DMV to get your CDL License after training is complete. Only check this box if you have ALL required on the attached DMV checklist*)

I have a valid bank account in my own name that can receive direct deposit for a stipend

I have a cell phone

I have an email address

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**Applicant Signature**

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**Date**

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**Print Applicant Name**



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](mailto:intake@kawerak.org) Website: [www.kawerak.org](http://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: Village Councils and/or Tribes solely for the purpose of Tribal Enrollment Verification.**

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.

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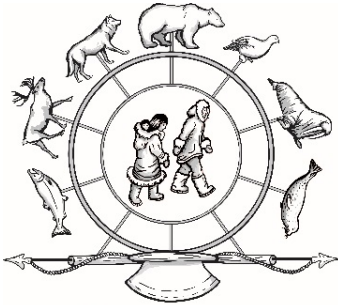
Printed Name of Applicant

Date of Birth

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Signature of Applicant

Date



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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](mailto:intake@kawerak.org) Website: [www.kawerak.org](http://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				
<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                   | <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: \_\_\_\_\_

**All documents presented must be:**

- ✓ Unaltered certified originals
- ✓ Certified amended originals
- ✓ True copies certified by the issuing agency
- ✓ Valid and unexpired

Foreign documents must have certified English translation (DMV Form COFAT.PDF).



**For your first Alaska Real ID credential U.S. Citizens, Permanent Residents, Temporary Resident with Lawful Status in the U.S. need the following documents:**

A	B	C	
<p><b>Identity &amp; Lawful Status</b></p>	<p><b>Social Security Number</b></p>	<p><b>Residential Address</b></p> <ul style="list-style-type: none"> <li>• Two documents are required containing your first and last name and current residence address.</li> <li>• Documents issued by the same source cannot be within the same month/billing cycle</li> <li>• Account numbers and balances may be redacted.</li> </ul>	<p><b>Name Change</b></p> <ul style="list-style-type: none"> <li>• Do the names on your column A and C Documents match?</li> <li>• If <u>not</u>, provide one or more of the following:</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> U.S. passport or passport card</li> <li><input type="checkbox"/> Certified copy of U.S birth certificate (issued by a city, county, or state vital statistics office; <u>not issued by a hospital</u>)</li> <li><input type="checkbox"/> Certificate of Naturalization or Certificate of U.S. Citizenship</li> <li><input type="checkbox"/> Birth certificate from a U.S. Territory. Puerto Rico birth certificates issued on or after July 1, 2010</li> <li><input type="checkbox"/> Consular Report of Birth Abroad of U.S. Citizen</li> <li><input type="checkbox"/> Foreign passport with valid U.S. Visa and approved I-94 form</li> <li><input type="checkbox"/> I-551 Resident Alien / Permanent Resident Card</li> <li><input type="checkbox"/> I-766 Employment Authorization Document Card</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Your complete SSN written on the application</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am ineligible for a social security number. A verification letter from the SSA issued within the last 90 days will be required</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rental or Lease Agreement with The Signature of The Owner/Landlord and The Tenant/Resident</li> <li><input type="checkbox"/> Deed or Title to Residential Real Property</li> <li><input type="checkbox"/> Mortgage Document</li> <li><input type="checkbox"/> Home Utility Bills (Including Cellular Phone)</li> <li><input type="checkbox"/> Employment Documents</li> <li><input type="checkbox"/> Insurance Documents, Including Medical, Dental, Vision, Life, Home, Rental and Vehicle</li> <li><input type="checkbox"/> Government Issued Tax Document</li> <li><input type="checkbox"/> Financial Institution/Bank Statement</li> <li><input type="checkbox"/> Voter Registration Confirmation Letter or Postcard Issued by The Alaska Division of Elections</li> <li><input type="checkbox"/> Proof of Payment of Resident Tuition at A Public Institution of Higher Education in Alaska</li> <li><input type="checkbox"/> A Letter on Letterhead from A Homeless Shelter, Shelter for Abused Women, Nonprofit Entity, Faith-Based Organization, Employer or Government Agency Within the United States Attesting That the Applicant Resides in Alaska</li> <li><input type="checkbox"/> Alaska Certificate of Vehicle Titles or Registration (Issued At Least 30 Days Prior To The Date of Application)</li> <li><input type="checkbox"/> Change of Address Confirmation by The U.S.P.S.</li> <li><input type="checkbox"/> 1st Class Mail with Postmark (Mail May Be Handwritten)</li> <li><input type="checkbox"/> Alaska Tribal Card (For Non-Standard Remote Alaska Addresses Only, Within the Tribal Area Indicated on The Card)</li> <li><input type="checkbox"/> At DMV's Discretion Other Documents May Be Accepted. Please Contact 907-269-5551 For Assistance</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adoption documents that contain the legal name as a result of the adoption</li> <li><input type="checkbox"/> Court Certificate of document that contains the legal name both before and after the name change</li> <li><input type="checkbox"/> Marriage certificate</li> <li><input type="checkbox"/> A certificate, declaration, or registration document verifying the formation of a civil union or domestic partnership</li> <li><input type="checkbox"/> Certified Divorce Decree, Dissolution of marriage/civil union/domestic partnership document that contains the legal name as a result of the court action</li> <li><input type="checkbox"/> Amended Birth Certificate</li> <li><input type="checkbox"/> Certificate of Naturalization/ Certificate of Name Change</li> <li><input type="checkbox"/> Certified Court Order That Contains all previous and current Names, and Date of Birth.</li> </ul>

**THIS IS A CHECKLIST FOR YOUR INFORMATION ONLY. IF YOU ARE SELECTED, YOU WILL NEED DOCUMENTS FROM COLUMNS A, B and C TO GET YOUR CDL FROM THE DMV IN PALMER AFTER TRAINING IS COMPLETE. PLEASE MAKE SURE YOU HAVE ALL OF THESE DOCUMENTS! MUST BE ORIGINALS**