

KAWERAK, INC.
Education, Employment, and Supportive
Services (EESS) Division
PO Box 948
Nome, AK 99762

Phone: 907-443-4358
Toll Free: 1-800-450-4341
Fax: 907-802-6183
Email: intake@kawerak.org

Administrative Assistant Training Program

This service is designed to help adults gain valuable work skills that will lead to additional employment opportunities. On the job training will be provided at the worksite and participants are encouraged to attend short-term trainings related to their occupation.

ELIGIBILITY CRITERIA

Applicants must meet the following criteria:

1. Must be 18 years or older.
2. Must be Alaska Native or American Indian, and a tribal member of a federally recognized tribe.
3. Must be a resident of the Bering Strait region.
4. 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.
5. Complete the application and provide required documents.
6. Must be able to pass a drug test, if required.

****Note: If you have received Kawerak EESS services in the past 3 years, we may have already have copies of these documents on file.**

APPLICANT'S CHECKLIST:

Please be sure to **submit copies** (not originals) of the following documents

- Letter of Interest:** Tell us why you are interested in the program. And explain how will this opportunity assist you in obtaining employment or enhance skills at your current job?
- Complete Kawerak Work Experience Application
- Social Security Card
- Tribal Enrollment Verification (Obtain from your local IRA Office)
- High school diploma/GED/Transcripts
- Selective Service Registration (For men age 18-26)

APPLICANTATION SUBMISSION:

Scan and email: intake@kawerak.org

Fax: (907)802-6183

If you need help with your application or if you have any questions, please contact our Employment and Training Specialist at 443-4351 or toll free at 1-(800) 450-4341. **Quyanna!**

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): _____ 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): _____

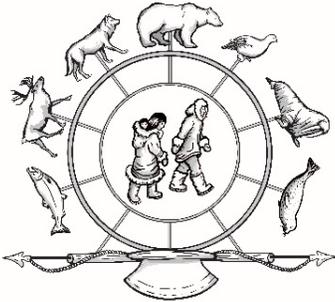
Applicant Status and Program Enrollment

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: _____



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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	
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"/> Tribal Welfare Assistance
<input type="checkbox"/> Food Stamps/SNAP
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Heating Assistance (LIHEAP)
<input type="checkbox"/> Military Income (Veterans Benefits)
<input type="checkbox"/> Child Support
<input type="checkbox"/> Seniors Assistance
<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	\$

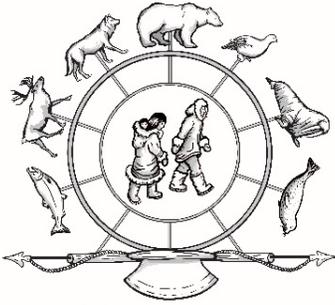
EMPLOYMENT HISTORY or SELF-EMPLOYMENT

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

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: _____



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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 Certification 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.

Signature of Applicant

Date

Print Name

Date of Birth

IF UNDER 17 Years of Age: Signature of Parent or Guardian

Date

Print Name

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?

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Print Name: _____ Sign: _____ Date: _____

Individual Education Plan (IEP) has three purposes; to mutually develop, implement & revise:

1. A set of employment, education, and personal development goals.
2. Service objectives and a service plan of action needed to achieve the identified goals to
3. Document services provided and results

Personal Development Goals

What are your strengths? _____

What are your areas for improvement? _____

Short-term Goals (less than a year)

1. Education _____

2. Training _____

Long-term Goals (one year or longer)

1. Employment _____

2. Education _____

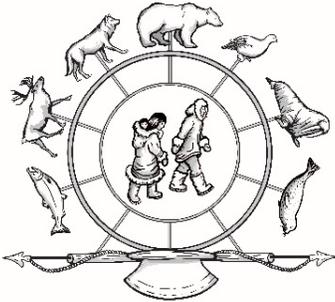
3. Leadership _____

Career interests:

- | | | |
|---|---|---|
| <input type="checkbox"/> Office occupations | <input type="checkbox"/> Constructions trades | <input type="checkbox"/> Water Plant Operator |
| <input type="checkbox"/> Childcare provider | <input type="checkbox"/> Health aide/healthcare | <input type="checkbox"/> Tourism/hospitality |
| <input type="checkbox"/> Teacher/Teacher's aide | <input type="checkbox"/> Fisheries | <input type="checkbox"/> Law enforcement/security |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

What job readiness skills would you like to obtain? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult education (GED) | <input type="checkbox"/> Vocational Training assistance |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> People and Social Skills |
| <input type="checkbox"/> Computer/Technical skills | <input type="checkbox"/> Math Skills |
| <input type="checkbox"/> Home budgeting skills | <input type="checkbox"/> Business Skills |
| <input type="checkbox"/> Getting out of debt | <input type="checkbox"/> Problem Solving Skills |
| <input type="checkbox"/> Saving for a home | <input type="checkbox"/> Driver's Education |
| <input type="checkbox"/> Resume Writing | <input type="checkbox"/> Job Seeking Skills |
| <input type="checkbox"/> Interviewing Skills | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Time management skills | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Customer service skills | |



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Signature of Applicant

Date

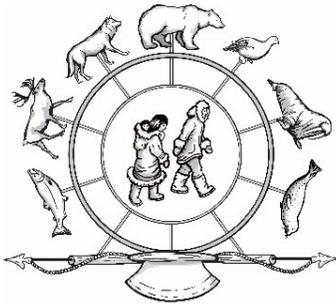
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Date of Birth

IF UNDER 17 Years of Age: Signature of Parent or Guardian

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Appeals Process

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (15) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the Division Vice-President of Kawerak, Inc. requesting a hearing and explaining the reasons for which the hearing is requested. The hearing will be held within ten (5) days. The Division Vice-President of Kawerak, Inc. shall notify the applicant in writing of the date and time of the hearing.

When a hearing is requested, the appropriate program staff will submit a written statement regarding the issue(s), facts and policy upon which the decision was based, to the Division Vice-President. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant may appear in person at the designated time and place of the hearing; however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information. Individuals filing an appeal shall be informed of the Vice-President's decision within five (5) days of the hearing and any further avenues of appeal.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (10) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the President of Kawerak, Inc. of the requesting a hearing and explaining the reasons for which the hearing is requested.

When a hearing is requested, the Division Vice-President will submit a written statement regarding the issue(s), facts and policy upon which the decision was based, to the President. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant may appear in person at the designated time and place of the hearing; however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information. Individuals filing an appeal shall be informed of the President's decision within five (5) days of the hearing and any further avenues of appeal.

At any time during the appeals process, the applicant has the right to be represented by someone of his/her choice, including an attorney at his/her expense. Hearings may be re-scheduled under extenuating circumstances. Applicant grievances shall take no longer and be resolved within 60 days.

If the applicant continues to be dissatisfied, the grievant may appeal at the Federal level. Questions about or complaints alleging a violation of the nondiscrimination provisions of WIA section 188 may be directed or mailed directly to: the Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Avenue, NW, Washington, D.C. 20210