

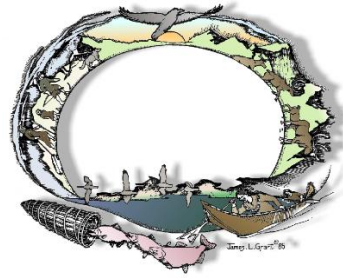
Tanana Chiefs Conference

Employment & Training Department

122 First Avenue, Suite 600, Fairbanks, AK 99701

Phone: 452-8251 or 800-478-6822

Fax: (907) 459-3885



Please Read Before Filling Out This Application

~COMPLETING THIS APPLICATION DOES NOT GUARANTEE SERVICES~

Under Public Law 102-477, the Employment & Training Department integrated the funds we have received from the U.S. Dept. of Labor with the U.S. Dept. of Health and Human Services, and the U.S. Department of Interior Bureau of Indian Affairs into a single coordinated comprehensive program/plan. **All sources of alternative funding will be explored before program funds will be expended. All of Employment & Training Department services are supplemental resources. All applicants are required to apply for financial assistance from other State, Federal, and Private resources.** All services are dependent upon available funding. The Director of Employment & Training makes the final decision.

Supportive services can include funding for Tools, Work Clothing, Training, and Room/Board. Funding can only be awarded in cases where the supportive service is directly linked to full time employment of the client.

Important steps to take when requesting assistance from the Employment & Training Department.

1. First and foremost any tribal member applying for supportive services **must apply to his/her enrolled Tribal Council.** Documentation is needed providing proof that your Tribal Council has been contacted for services. Proof can be in the form of letter head, an e-mail, or fax. It is important to know that TCC funding is only supplemental to other services.
2. Complete the supportive services application; make sure you have filled in all the information needed. Please date and sign every page. **Most importantly be sure the employer's information is correct and up to date.**
3. Bring your **Tribal ID or CIB card** to be copied for your file.
4. **In the case of work clothing, tools, and arctic gear please bring in a required list of what is needed. For eligibility, it must be within 30 days of employment, before your first paycheck.**
5. **Proof of income for past six months.**
6. Provide an up-to-date resume and be enrolled to the Alaskajobs.alaska.gov job database.
7. **For Confidentiality reasons, we cannot release any information about you to others, you will need to provide your information personally in order to receive services.**
8. **Clients attending any training or classes, if and when leads to a no call, no show act. The individual will not be eligible for services up to 1-3 years.**

In circumstances with short-notice

It is always best to give us **7-10 days in advance notice** to ensure that your needs can be met if eligible. However, short notice of need to this program sometimes cannot be helped; in this case an attempt to process your application as soon as possible is made. If you have further questions, please **contact Employment and Training at extension 3416.**

~If we don't hear from you within 3-5 days of turning in your application, we will close your file~

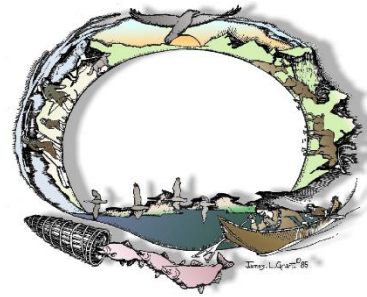
There is a **3-IN-A-LIFETIME** rule when applying for **ANY** assistance Through Employment & Training.

Thank you,

Employment & Training Department

Request for Assistance Application
Employment & Training Department
Employment_Dept@tananachiefs.org

Tanana Chiefs Conference
Employment & Training Department
Explanation of Services & Request for Assistance



I. PURPOSE

The purpose of Tanana Chiefs' Employment & Training Department is to assist eligible Alaska Natives and American Indians to obtain and retain employment and maintain self-sufficiency. Applicants for TCC's employment-related services may receive assistance with the following: work clothes, arctic gear, tuition for short trainings, fees, supplies, transportation, and tools (1 time only for tools). The Employment & Training Department also provides counseling on world-of-work and job readiness skills, employment referrals and referrals to other support service agencies, if necessary.

II. ELIGIBILITY

To be eligible for financial assistance, an applicant must:

- A. Be Alaska Native/American Indian;
- B. Be enrolled to a BIA-recognized tribe;
- C. Have recently obtained or be seeking verifiable employment;
- D. Be pursuing training in an occupation in which there is a reasonable expectation of obtaining employment;
- E. Show financial need, be unemployed or underemployed.

NOTE: Not all items applicable to all programs.

III. STANDARD FOR GRANT APPLICATION & FUNDING

- A. Applicant must have a **completed** application packet and supporting documents requested.
 - B. Financial assistance shall not be used to supplement the income of a person already employed.
 - C. Services will be provided on case-by-case need basis.
 - D. Duplicate services are not allowed.
- If denied services, you will get a phone call. If you would like, you may appeal the denial in writing through an appeal procedure. The appeal procedure has time limitations.

Obtaining services by deliberately and knowingly providing false information will result in disqualifying an applicant for future services. ***Under such circumstances, an applicant would be required to reimburse TCC.***

I have read and understand the above information

Name of Applicant: _____

Date of Birth: _____

Signature: _____

Date: _____

NAME _____ CONTACT # _____
 EMAIL _____ MSG/Cell # _____
 ADDRESS _____ CITY/STATE _____ ZIP CODE _____
 DATE OF BIRTH _____ AGE _____ SEX: ☐ Male ☐ Female
 ANCSA CORP ENROLLED TO _____ ENROLLED TO Alaskajobs _____
 VILLAGE ENROLLED TO _____ SOCIAL SECURITY # _____
 I am a: ☐ Veteran ☐ Vietnam Era Veteran ☐ Not Applicable

Please write down what you are requesting.

If this is a request for clothing or tools for employment, please list what you need.

Does this position require clothing and/or tools not provided by the employer? ☐ Yes ☐ No

If so, please list needed items. If this is for training-please gather all class/training information including the cost and any fees or other expenses that may apply.

FOR OFFICE USE ONLY:

ITEMIZED CLOTHING/TOOL LIST

Store: _____

QUANTITY	ITEM	PRICE

No substitutions of any kind are to be made without prior authorization from the Tanana Chiefs Conference, Employment & Training Department. If you have any questions, please call (907) 452-8251 Ext. 3416. Thank you.

Please check one of the following

I am a: ☐ School dropout, last grade completed _____ ☐ Student, high school or less
☐ High school graduate or G.E.D. recipient ☐ Post high school attendee

EDUCATION/TRAINING

NAME/LOCATION	FIELD OF STUDY	YRS. COMPLETED	DIPLOMA/DEGREE
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	
College/University			
Business/Technical			
Vocational			

LIST HOUSEHOLD MEMBERS INCLUDING SELF, SPOUSE/PARTNER AND DEPENDENTS:

Name	Enrolled Tribe	Relationship	DOB	Place of Birth	Last Grade Completed
		SELF			

Authorization for exchange of Information

I do hereby authorize the mutual exchange of information regarding myself between Tanana Chiefs Conference Employment & Training Department and **agencies** or **persons** listed below:

Example: (ASAP, ATAP, Food Stamps, Unemployment, etc)

1. _____
2. _____
3. _____
4. _____
5. _____

Printed Name of Person giving consent

Signature of Person giving consent

Date

This agreement is in effect until: the conclusion of this case or if revoked in writing by the person providing authorization.

RETURN TO:

Employment and Training Department
Tanana Chiefs Conference
122 First Avenue, Suite 600
Fairbanks, AK 99701
(907) 452-8251 x3416 OFFICE / (907) 459-3885 FAX
Employment_Dept@tananachiefs.org

TANANA CHIEFS CONFERENCE
Employment & Training Department
Employer Verification Form (To be filled out by Employer)

NAME _____ Date of birth _____ Social Security # _____

Began working for Employer _____

On (date): _____ as a (job title) _____

Wages: _____ per hour, at _____ hours per week.

His/Her first paycheck will be received on (Month/Day/Year) _____
with his/her first full pay period ending (Month/Day/Year) _____.

Please check the appropriate classification of employment:

<input type="checkbox"/> Pre-employment interview/orientation	<input type="checkbox"/> Pre-employment training
<input type="checkbox"/> Full-time, permanent	<input type="checkbox"/> Full-time, temporary. If temporary, what is the duration of employment _____ weeks/months
<input type="checkbox"/> Part-time, permanent	<input type="checkbox"/> Part-time, temporary. If temporary, what is the duration of employment _____ weeks/months
<input type="checkbox"/> Other, explain: _____	

Does position offer fringe benefits? ☐ Yes ☐ No

Signature of Employer: _____ Date: _____

Print Name: _____

Title: _____

Phone: _____

I do hereby authorize the mutual exchange of information regarding myself between Tanana Chiefs Conference Employment & Training Department and my employer.

Signature of applicant: _____

Please fax this completed form to:

Employment and Training Department
Tanana Chiefs Conference
122 First Avenue, Suite 600
Fairbanks, AK 99701
(907) 452-8251 x3416 OFFICE / (907) 459-3885 FAX
Employment_Dept@tananachiefs.org

EMPLOYMENT HISTORY

EMPLOYER NAME	JOB TITLE	DATES EMPLOYED (from/to)
ADDRESS	WAGE	HOURS PER WEEK
REASON FOR LEAVING:		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED (from/to)
ADDRESS	WAGE	HOURS PER WEEK
REASON FOR LEAVING:		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED (from/to)
ADDRESS	WAGE	HOURS PER WEEK
REASON FOR LEAVING:		

DO YOU HAVE A DRIVER'S LICENSE? _____

MILITARY SELECTIVE SERVICE SELF-CERTIFICATION

Section 3(a) of the Military Selective Service Act requires that male citizens of the United States, who are born after 12-31-59 AND are between the ages of eighteen (18) and twenty-six (26) MUST register for the Selective Service. Section 504 of the Workforce Investment Act (WIA) requires that all participants under WIA be in compliance with the military Selective Service Act registration requirements.

Determination

- ☐ Born before 12/31/59
- ☐ Yes, I have registered with Military Selective Services
Approximate Date I Registered _____ Place of Registration _____
- ☐ No, I have not registered with the Military Selective Service.

Self-Certification

I realize that I cannot be served under the Workforce Investment Act (WIA) unless I have registered for the military Selective Service. I further understand that Tanana Chiefs Conference, as a WIA grantee, can verify my registration with the Selective Service system and if I am found not to be registered I will be terminated from the program. If I am terminated from the program as a result of falsifying information on my eligibility, I may be prosecuted for fraud.

Signature of Applicant: _____ **Date:** _____

CERTIFICATION: I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I authorize Tanana Chiefs Conference to verify any and/or all statements made by me in this application with Employment Security; Department of Health and Social Services; my regional corporation; my village corporation or council; other Employment Assistance, WIA, and/or former employers for the purpose of verifying eligibility. I further certify that I have not knowingly and/or willingly made any misstatement for the purpose of obtaining Employment Assistance, WIA or DE funds and benefits; and that, further, I am aware that it is a crime to deliberately and knowingly falsify any application for Federal benefits or State benefits. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if false information was provided on this application. I also have received a copy of the grievance procedure on this date.

****I acknowledge that I understand and agree to the above certification****

Signature of Applicant: _____ **Date:** _____

Applicant's Appeal Procedures

An applicant, who has been denied services, or feels he/she may have been treated unfairly, has the right to file a written appeal by following these procedures:

- Step 1.** Program Coordinator: An applicant may file a written appeal to the Program Coordinator and ask for reconsideration of their decision. The Program Coordinator has 10 working days after the date stamped on the appeal to respond. An applicant not satisfied with the Program Coordinator's decision may submit their appeal to the Program Director (Step 2) within 5 days upon receipt of the Program Coordinator's decision.
- Step 2.** Program Director: The Program Director has ten (10) working days from the date he/she receives an appeal to review documentation, make a decision, and respond. An applicant not satisfied with the Program Director's decision may resubmit their appeal to the Appeal Committee (Step 3) within 15 days after receiving the Program Director's decision.
- Step 3.** Appeal Committee: The Appeal Committee meets regularly, to review appeals. The committee will notify an applicant of their decision within seven working days after the date of their meeting. All decision made by the Appeal Committee are final.

Decisions affecting an applicant are made based on a review of program policies, procedures, and the required official documents. An applicant has 15 days after receipt of a decision to register an appeal. All decision made by the Appeal Committee in Step 3 are final.

I have read, understood and received a copy of Applicant's Appeal Procedures outlined above.

Signature of Applicant: _____ **Date:** _____