

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 Coordinator 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 employment of the client.

There is a 3-IN-A-LIFETIME rule when applying for ANY assistance

In order to process your application in a timely manner, please provide the required items:

- ☐ Denial letter from your Tribe
 - ☐ Completed supportive services application
 - ☐ Employment verification
 - ☐ Tribal ID / CIB Card
 - ☐ Up-to Date Resume
 - ☐ Completed Employment Development Plan (EDP)
 - ☐ Register for selective services (if applicable)
1. 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.
 2. Clients who don't fully commit to attending trainings or considered a 'no show' will result in the individual being ineligible for services up to one (1) year.
 3. Incomplete applications will be discarded after 30 days

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 3172.



Employment & Training Department

122 First Avenue, Suite 600, Fairbanks, AK 99701

Phone: (907)452-8251 or 800-478-6822 ext. 3172

(907) 459-3885 FAX

Employment_Dept@tananachiefs.org

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, and tuition for short trainings, fees, supplies, transportation, and tools (one (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

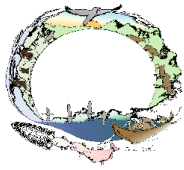
To be eligible for financial assistance, an applicant must:

- A. Be enrolled to a federally recognized tribe;
- B. Have recently obtained or be seeking verifiable employment;
- C. Be pursuing training in an occupation in which there is a reasonable expectation of obtaining employment;
- D. Be registered for the selective service, if applicable.

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.



Beneficiary Information

First Name	Middle	Last	III, Jr., Sr.	
Mailing Address		City	State	Zip
Physical Address		City	State	Zip
Home Phone	Message Phone	Cell Phone	E-Mail	
Village Enrolled to			Social Security Number	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	Age	
Regional Corporation: <input type="checkbox"/> Doyon <input type="checkbox"/> Arctic Slope <input type="checkbox"/> NANA <input type="checkbox"/> Bering Strait <input type="checkbox"/> Calista <input type="checkbox"/> Cook Inlet <input type="checkbox"/> AHTNA <input type="checkbox"/> Bristol Bay <input type="checkbox"/> Chugach <input type="checkbox"/> Koniag <input type="checkbox"/> Aleut <input type="checkbox"/> Sea Alaska				

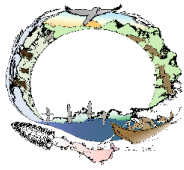
Items Requested:

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Education & Training

Please check one of the following:

- ☐ Did not obtain high school diploma, last grade completed _____
- ☐ Student, high school or less
- ☐ High school graduate or G.E.D. recipient
- ☐ Attained secondary school diploma
- ☐ Attained a secondary school equivalency
- ☐ Completed one of more years of postsecondary education
- ☐ Attained a postsecondary technical or vocational certificate (non-degree)
- ☐ Attained an Associate's degree
- ☐ Attained a Bachelor's degree
- ☐ Attained a degree beyond a Bachelor's degree

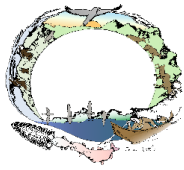


Employment History		
Employer Name:	Job Title:	Dates Employed (from/to):
Location:	Wage:	Hours per Week:
Reason for Leaving:		

Employer Name:	Job Title:	Dates Employed (from/to):
Location:	Wage:	Hours per Week:
Reason for Leaving:		

Employer Name:	Job Title:	Dates Employed (from/to):
Location:	Wage:	Hours per Week:
Reason for Leaving:		

Notes:



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 (WIOA) requires that all participants under WIOA 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

I am a:

Place of Registration: _____

☐ Veteran

Approximate Date I Registered: _____

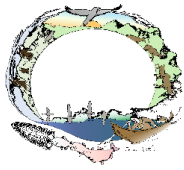
☐ Not Applicable

☐ No, I have not registered with the Military Selective Service.

Self-Certification

I realize that I cannot receive services provided in the Workforce Investment Act (WIOA) unless I have registered for the military Selective Service. I further understand that Tanana Chiefs Conference, as a WIOA 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: _____



Employer Verification Form

(To be filled out by Employer)

Name:	Approximate Starting Date:
Job Title	Wages: _____ per hour, at _____ per week
This Job Offers Fringe Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	His/Her first paycheck will be received on (M/D/YYYY)
Please check the appropriate classification of employment: <input type="checkbox"/> Full-time, permanent <input type="checkbox"/> Temporary, From: _____ To: _____ <input type="checkbox"/> Part-time, permanent <input type="checkbox"/> Seasonal, From: _____ To: _____ <input type="checkbox"/> Other, explain: _____	

Title: _____ Phone: _____

Print Name: _____

Signature of Employer: _____ Date: _____

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

Signature of Applicant: _____ Date: _____

For office use only:

Items provided:

Items not provided:



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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 programs, WIOA, 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, WIOA 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: _____



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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 ten (10) working days after the date stamped on the appeal to respond. If the applicant is not satisfied with the Program Coordinator's decision, they may make an appeal to the Program Director (Step 2) within five (5) days of the Program Coordinator's decision.

Step 2. Program Director

The Program Director has ten (10) working days from the date they receive an appeal to review documentation, make a decision, and respond. If the applicant is not satisfied with the Program Director's decision, they may appeal to the Appeal Committee (Step 3) within fifteen (15) days of the Program Director's decision.

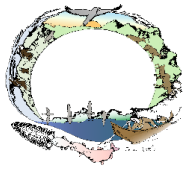
Step 3. Appeal Committee

The Appeal Committee meets regularly to review appeals. Once the Committee reviews an appeal, the Committee has seven (7) working days to notify the applicant of their decisions. All decisions 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. All decisions 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: _____



Employment Development Plan

Employment

Are you working now? ____ If, yes what type of work are you doing? _ If no, what was your last job? _____ Date ended? _____ Do you have an updated resume? Yes ____ No ____

Education

Circle the highest grade you've completed.

8 9 10 11 12 GED HS Diploma

Are you currently in school or training? _____ Where? _____ Are you interested in pursuing Higher Education? YES _ No ____

If, Yes in what field of study? _____

Trainings:

What training program are you interested and why? _____

Personal Development Goals

What are your strengths? _____

What are your weaknesses? _____

Short-term Goals (less than a year)

Education _____

Training _____

Long-term Goals (one year or longer)

Employment _____

Education _____