



## 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](mailto:Employment_Dept@tananachiefs.org)

### 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, Room/Board, and Driver's License Courses. 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:

#### ADULTS (Ages 21+)

- Completed supportive services application
- Tribal ID / CIB Card
- Up-to Date Resume
- Register for selective services (if applicable)
- Denial letter from your Tribe
- Employment verification

#### YOUTH (Ages 14 to 21)

- Completed supportive services application
- Tribal ID / CIB Card
- Photo ID
- 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.



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### **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**

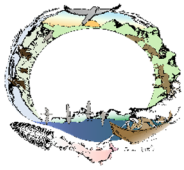
**To be eligible for financial assistance, an applicant must:**

- 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	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:				
<hr/> <hr/> <hr/> <hr/>				
Education & Training				
<i>Please check one of the following:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Did not obtain high school diploma, last grade completed _____</li> <li><input type="checkbox"/> Student, high school or less</li> <li><input type="checkbox"/> High school graduate or G.E.D. recipient</li> <li><input type="checkbox"/> Attained secondary school diploma</li> <li><input type="checkbox"/> Attained a secondary school equivalency</li> <li><input type="checkbox"/> Completed one of more years of postsecondary education</li> <li><input type="checkbox"/> Attained a postsecondary technical or vocational certificate (non-degree)</li> <li><input type="checkbox"/> Attained an Associate's degree</li> <li><input type="checkbox"/> Attained a Bachelor's degree</li> <li><input type="checkbox"/> Attained a degree beyond a Bachelor's degree</li> </ul>				



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**Driver's License Course Applicants Only:**

Do you have your permit?  Yes  No

Do you wear prescription glasses/contacts?  Yes  No

Date your permit was issued: \_\_\_\_\_

**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:

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**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	
I am a:	<input type="checkbox"/> Yes, I have registered with Military Selective Services
<input type="checkbox"/> Veteran	
<input type="checkbox"/> Not Applicable	Place of Registration: _____
<input type="checkbox"/> Under 18	Approximate Date of Registration: _____
<input type="checkbox"/> Female	
<input type="checkbox"/> Born before 12/31/1959	<input type="checkbox"/> 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: \_\_\_\_\_

Parent/Legal Gaurdian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 18 years of age)



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**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: \_\_\_\_\_

Parent/Legal Gaurdian Signature: \_\_\_\_\_ 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.

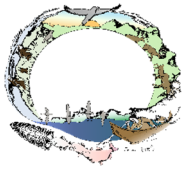
I have read, understood and received a copy of Applicant's Appeal Procedures outlined above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Gaurdian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 18 years of age)





**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 \_\_\_\_\_ N \_\_\_\_\_

**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 \_\_\_\_\_



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**Optional: Employment & Training Satisfaction Survey**

Instructions:

On the following questions please circle the number that rates your experience:

**From 1 = Strongly Disagree to 5 = Strongly Agree.**

Did Employment & Training meet all of your expectations?

1    2    3    4    5

Did E&T help you with obtaining a job or maintaining a job offer?

1    2    3    4    5

Were you treated nicely while applying for services?

1    2    3    4    5

How likely are you to recommend E&T services to someone else?

1    2    3    4    5

Was it easy to find the Employment & Training Department?

1    2    3    4    5

Would you use E&T services again if possible?

1    2    3    4    5

Are there any other trainings or services you would like Employment & Training to offer?

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How can we improve to encourage more interaction?

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Notes:

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