

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.**

**To ensure your application is processed in a timely manner, please provide these required items:**

Completed supportive services application

Register for selective services (if applicable)

Tribal ID / CIB Card

Denial Letter from your Tribe

Up-to-Date Resume

Employment verification

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 not be accepted.

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 Ext 5890.

## **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) in a lifetime 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.

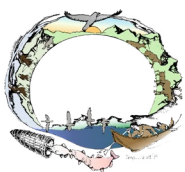
## **II. ELIGIBILITY**

**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.



### Beneficiary Information

First Name	Middle Name	Last Name	Suffix (Jr, Sr, III, etc.)			
Mailing Address		City	State	Zipcode		
Physical Address		City	State	Zipcode		
Home Phone	Cell Phone	Email				
Village Enrolled To		Social Security Number				
Sex Male      Female	Do you have a disability? Yes      No/Prefer not to answer	Date of Birth	Age			
Regional Corporation:						
Doyon	Arctic Slope	NANA	Bering Strait	Calista	Cook Inlet	
AHTNA	Bristol Bay	Chugach	Koniag	Aleut	Sea Alaska	N/A

### Items Requested

### 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

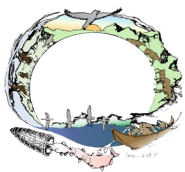
Completed one or more years of postsecondary education

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



### Driver's License Course Applicants Only:

Do you have your permit?      Yes      No

Do you wear prescription glasses/contacts?      Yes      No

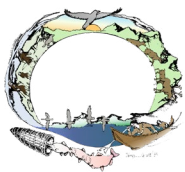
### Employment History

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

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Location:	Wage:	Hours per Week:
Reason for Leaving:		

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Location:	Wage:	Hours per Week:
Reason for Leaving:		

### Notes



## Military Selective Service Self Certification

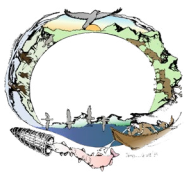
Section 3(a) of the Military Selective Service Act requires that male citizens of the United States, who are born after 12-31-59 AND are between the ages of eighteen (18) and twenty-six (26) MUST register for the Selective Service. Section 504 of the Workforce Investment Act (WIOA) requires that all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

Determination	
No, I have not registered with the Military Selective Service	Yes, I have registered with Military Selective Services
Place of Registration:	Approximate Date of Registration:
I am a: Veteran      Female      Male born before 12/31/1959	

## 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)

Applicant Name:	Approximate Starting Date:
Job Title, Company:	Wages: _____ per hour _____ hours per week
This job offers fringe benefits:      Yes      No	Their first paycheck will be received on (MM/DD/YYYY)

Title of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

**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:

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

## **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**

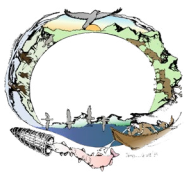
The Appeal Committee meets regularly to review appeals. Once the Committee reviews an appeal, the Committee has seven (7) working days to notify the applicant of their decisions. All decisions made by the Appeal Committee are final.

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: \_\_\_\_\_



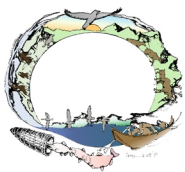


## Employment Development Plan

Employment	
Are you working now?      Yes      No	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 & Training	
Check the highest grade you've completed:	8      9      10      11      12      GED      HS Diploma
Are you currently in school or training?      Yes      No	
If yes, where?	
Are you interested in pursuing higher education?      Yes      No	
If yes, in what field of study?	
What training program are you interested in 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:	

## Signatures

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of E&T Staff: \_\_\_\_\_ Date: \_\_\_\_\_



### OPTIONAL: Employment & Training Satisfaction Survey

On the following questions, please check the number that rates your experience.

**1 = Strongly Disagree**

**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?

How can we improve to encourage more interaction?

Notes: