

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.

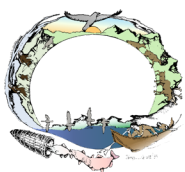
II. ELIGIBILITY

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

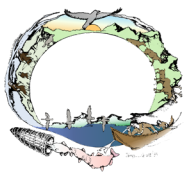
Completed one or more years of postsecondary education

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

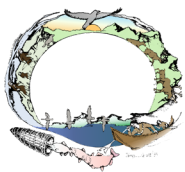
| | | |
|---------------------|------------|---------------------------|
| Employer Name: | Job Title: | Dates Employed (from/to): |
| Location: | Wage: | Hours per Week: |
| Reason for Leaving: | | |

| | | |
|---------------------|------------|---------------------------|
| 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

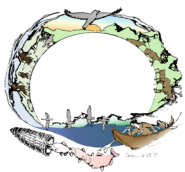
Section 3(a) of the Military Selective Service Act requires that male citizens of the United States, who are born after 12-31-59 AND are between the ages of eighteen (18) and twenty-six (26) MUST register for the Selective Service. Section 504 of the Workforce Investment Act (WIOA) requires that all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

| Determination | |
|---|---|
| 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) |
| Please check the appropriate classification of employment: Full-time, permanent Temporary, From: _____ To: _____ Part-time, permanent Seasonal, From: _____ To: _____ Other, explain: _____ | |

Title of Employer: _____ Phone: _____
Printed Name of Supervisor: _____ Date: _____
Signature of Supervisor: _____ Date: _____

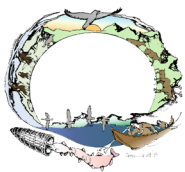
I do hereby authorize the mutual exchange of information regarding myself between Tanana Chiefs Conference Employment & Training Department and my employer.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY:

Items provided:

Items not provided:



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.

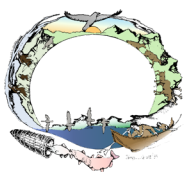
Step 3. Appeal Committee

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: _____