

Kenaitze Indian Tribe

JOB TRAINING

P.O. Box 988, Kenai, AK 99611
907-335-0669 * 907-335-0989 Fax
education@kenaitze.org * www.kenaitze.org

Dear Applicant:

The Job Placement and Training program is designed to help the client receive skills needed to gain or advance in employment. The purpose of the program is to assist those persons who apply for funding to gain the financial assistance needed for completing their training program through our program as well as other scholarships and grant programs to provide a complete training program for the client.

Eligibility for the program requires that the applicant be a member of a Federally Recognized Tribe, Band or Nation or group that is eligible to receive services provided by the United States to Indians because of their status. Funding for this program is limited to 24 months or 36 months for students pursuing nursing career. Client must be unemployed, underemployed or pursuing a career upgrade.

Please complete and bring in all of the documents listed below. Please use ink and print clearly. These forms become part of your permanent record. **If copies of the documentation listed below are not submitted with this application or are incomplete, your application will be returned to you.**

- Application form **completely filled out and signed** (KIT Form 1305)
 - Signed Job Training Program Agreement (KIT Form 1305)
 - Authorization for Release of Information (KIT Form 1305)
 - Signed Employment and Training Plan (KIT Form 1305)
 - Budget Forecast form sent to school financial department (KIT Form 1304) *if applies*
 - Grade/Report Release Authorization (KIT Form 1303) *if applies*
- Verification of Indian Ancestry (CIB or Tribal Card)
- Proof of selective service enrollment (for eligible males) <https://www4.sss.gov/regver/verification1.asp>
- Alaska Drivers License/State ID
- Letter of Acceptance to college/training facility you are attending
- Letter stating your goals and education plans
- Complete the FAFSA Application, only if you are attending College for 2 year degree: <http://www.fafsa.ed.gov/>
- Social Security Card or Birth Certificate; if you need a new card or birth certificate you can find applications: <http://www.ssa.gov/online/ss-5.html> or http://www.hss.state.ak.us/dph/bvs/birth/birth_form.pdf
- Transcripts of high school or previous year of college

Sonja Barbaza

Educational Services Assistant

Job Training Application

Application Deadline: Please indicate the deadline you are applying for:

March 31 June 1 December 1

GENERAL

Last name		First	MI	Email:	
Mailing address		City		State	Zip
Phone number		SSN		DOB	
Tribe of enrollment		Corporation of enrollment		Degree of Indian Blood	
				Number of dependants:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				Number of children in school:	
Emergency contact name				Phone number	
Address		City		State	Zip
Please answer the following questions:					
Are you a veteran?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have a valid Driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Own a car?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

EDUCATION HISTORY

Highest grade in primary school completed: _____		Highest grade in college completed? _____			
Name of High School		Years attended: From: To:		Graduation date	
School address		City		State	Zip
				Date of GED	
If you left school before graduating, please provide the reason below _____ _____ _____					
Have you had vocational training (including military): <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of training school	
Types of vocational training received: _____ _____					
List Colleges/Universities attended: _____ _____					

Degree/Certificate received	Major/Emphasis
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TRAINING

Are you a current student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had previous training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of training desired:	
Training location desired	Do you have any physical limitation that would interfere with your training? If yes, please explain.		
Course Number	Title	Name of Institution	
Institution address		City	State Zip
Date school begins	Length of school	Beginning date	Ending date
Have you addressed the following needs while in school?			
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you plan to pay these, explain how: _____			
Please give a brief summary of your educational/training plans: _____ _____ _____ _____ _____ _____			
Do you have employment after training is complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will employment begin:	
Name of employer		Employment location:	
If you are unable to attend school, would you consider On-the-Job-Training or Work Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT

Type of employment desired:	Do you have any physical limitation that would interfere with your employment? If yes, please explain.		
Desired employment location:	Are you willing to relocate for employment if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History: (List your three most important periods of employment)			
Employer Name		Job Title	
Address		City	State Zip
Description of Duties			
From:	To:	Reason for leaving	
Employer Name		Job Title	
Address		City	State Zip
Description of Duties			
From:	To:	Reason for leaving	
Employer Name		Job Title	
Address		City	State Zip
Description of Duties			
From:	To:	Reason for leaving	

FINANCIAL INFORMATION

*****AVT Financial needs analysis based on monthly income and expenses*****			
Resources		Expenses	
Income	\$	Rent/House Payment	\$
ATAP	\$	Utilities	\$
Food Stamps	\$	Transportation	\$
Unemployment	\$	Clothing	\$
Social Security	\$	Tools	\$
Disability	\$	Childcare	\$
Other	\$	Other	\$
TOTAL	\$	TOTAL	\$

Additional Comments you would like us to know regarding your budget: _____

******MALES ONLY******

SELECTIVE SERVICE

Self Certification

Section 3 (a) of the Military Selective Services Act requires that male citizens of the United States who were born after December 31, 1959 and are between the ages of eighteen (18) and twenty six (26) MUST register for the Selective Service.

Section 504 of the Employment and Training Programs require that all participants be in compliance with the Military Selective Services Act registration requirements.

I realize that I cannot be service under the Employment and Training Programs unless I have registered with the Military Selective Service. I further understand that the Kenaitze Indian Tribe as an Employment and Training Grantee can verify my registration with the Selective Service System and if I am found not registered, I can be terminated from the program. I also understand that if I falsify information I can be prosecuted for fraud.

Signature of Applicant

Date

Are you exempt from Selective Service? Yes No

Registered for the Selective Service? Yes No

Place of registration

Registration number

Branch of Service

Type of Service

Type of discharge

Training Agreement

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I selected.

I further agree that the funds issued me for training purposes by Kenaitze Indian Tribe or the Bureau of Indian Affairs will be secured or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, student Basic Education Opportunity Grants (BEOG), etc., this will be included when computing my financial aid packet and I agree to use those funds for the purpose intended.

I am required to submit progress reports, grades and certifications as agreed upon in their Training Agreements and must maintain a GPA of 2.5. If I fail to meet the GPA requirement, or satisfactory progress, I will be required to complete a semester without funding and until my grades are satisfactory. I understand that continuing students who meet academic requirements will be given priority.

I understand I am obligated to talk with counselors at the education office at the Kenaitze Indian Tribe before dropping training or changing plans. The Education Office must be kept informed of all changes in educational plans for continued eligibility. If there is an emergency, I will notify the KIT Department within 48 hours.

If I fail to complete my classes for any reason, I understand that I will be obligated to pay back to the Kenaitze Indian Tribe's Education Department the amount that was paid on my behalf for the failed Program or semester. (Whichever applies to my program).

Applicant's signature

Date

Plan for Employment and Training Activities

Last name	First	MI	Family size
No. under 18:	No. under 5:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Briefly summarize goal _____ _____			
Type of training	Projected length of training	Name of school	
Address	City	State	Zip
List all services referrals that apply:			
Childcare _____			
GA/ATAP/Food stamps _____			
Transportation _____			
Medical/Dental _____			
List your short term goals: _____ _____ _____			
List your long term goals: _____ _____ _____			
List client responsibilities: _____ _____ _____			
Job Training program responsibilities: _____ _____ _____			

Applicant's signature

Date

KIT Job Training Coordinator

Date

Kenaitze Indian Tribe

P.O. Box 988, Kenai, AK 99611
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Authorization for Release of Information

Last name	First	MI	DOB	SSN
Mailing address		City	State	Zip
Employer's name			Phone number	
Employer's name			Phone number	
Employer's name			Phone number	
Name of School/College attended			Name of School/College attended	
Check all services you have used: <ul style="list-style-type: none"> <input type="checkbox"/> Job Service, name of counselor _____ <input type="checkbox"/> Public Assistance, name of caseworker _____ <input type="checkbox"/> State Agency, name of caseworker _____ <input type="checkbox"/> Tribal General Assistance, Nakenu Family Center or other Tribal Departments, name of case worker _____ 				
Additional comments: _____				
Information needed: _____				

I, _____, hereby authorize the release of the information listed above to the Kenaitze Indian Tribe's (KIT) Career and Education Department, so that a determination can be made regarding my eligibility for training programs and development of employment and training plans (if applicable). By signing this document, I certify my permission to release the requested information to Kenaitze Indian Tribe.

 Applicant's signature _____
Date