

Kenaitze Indian Tribe

JOB PLACEMENT

P.O. Box 988,
1104 Mission Street
Kenai, AK 99611

Tel.907-335-0669, Fax.907-335-0989

education@kenaitze.org * www.kenaitze.org

The Job Placement Program provides assistance to the client who has secured permanent employment or employment in a construction trade. This assistance can be used for special clothing, rent, groceries and other basic needs until the first pay check arrives.

Please provide copies of the documentation listed below. If copies of the documentation are not submitted with this application or the application is incomplete, **your application will be returned to you.**

- Application form **completely filled out and signed**
- Complete Verification of Employment Form** that includes: job, wage, expected length of employment, name, address, and phone number of employer
- Verification of Indian Ancestry (CIB or Tribal Card)
- Drivers license/State ID
- Social Security Card or Birth Certificate; check following web pages:
<http://www.ssa.gov/online/ss-5.html>
http://www.hss.state.ak.us/dph/bvs/birth/birth_form.pdf
- Verification of Unemployment, Public Assistance, General Assistance if applies.

Please call for an appointment after completing the application along with all documentations (907) 335.0669

Thank you,

Sonja F. Barbaza
Educational Services

Kenaitze Indian Tribe

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Job Placement

GENERAL

Last name		First	MI	Maiden name	
Mailing address			City	State	Zip
Phone number	SSN		DOB		
Number of children in school:			Number of dependants:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
Emergency contact name				Phone number	
Address		City	State	Zip	

EMPLOYMENT INFORMATION

Type of employment desired:	Do you have any physical limitation that would interfere with your employment? If yes, please explain.				
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

*****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: _____				

NEED STATEMENT

**PRIVACY ACT (P.L. 579)
NOTICE OF RECORDS SYSTEM**

The U.S. Congress has passed a law that requires every office maintaining records about people to inform each person from whom information is being obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Kenaitze Indian Tribe’s Employment and Training Office since we have a contract with the U.S. Dept. of Labor and the Bureau of Indian Affairs.

The purpose of the forms and questions asked of you is to enable us to organize staff and provided comprehensive Employment and Vocational services to the people we serve. In some instances, you may choose not to answer questions if you so desire without risk of entitlements. However, by giving information requested of you, we will be able to carry our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence and is only used to determine your eligibility for services and plan better training on your behalf.

I certify that I understand the authority by which information is asked of me, and the purpose and use to which that information will be used, and that providing any information is voluntary on my part.

Applicant signature

Date

Kenaitze Indian Tribe
Educational Services Department

Authorization for Release of Information

Applicant Name: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

Phone#: _____ SS#: _____ Date of Birth: _____

I authorize the release of records and mutual exchange of information between **Kenaitze Indian Tribe Educational Services Department** and the following employer named _____. The purpose of the exchange of information is to provide a comprehensive evaluation and to recommend appropriate services. I understand that this information is kept in my file and will not be release with my permission. This information is only for the Career and Education Department to provide quality services for myself. I have had an opportunity to ask question and have had my questions answered. This permission is given only for the duration of time in program and will not exceed one year unless otherwise noted. Any comments or notes are on the back of this form.

Client Signature _____ Date _____ Witness Signature _____

**** VERIFICATION OF EMPLOYMENT ****

YOUR EMPLOYER MUST COMPLETE THE FOLLOWING INFORMATION BELOW

Employee's Job Position/Title: _____

Hourly Wage: \$ _____ Bi-Weekly Salary: \$ _____ Monthly Salary: \$ _____

Date to Start Work: ___/___/___ Hours Per Week: _____ Days Per Week: _____

Works Day: (please circle) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Date of First Pay Day: ___/___/___ Date of First Full Pay Day: ___/___/___

Is this a Full-Time Permanent Job? Yes No Is this a part-time or seasonal job? Yes No
If seasonal, what are the seasonal dates of employment?

Start of Season: ___/___/___ End of Season ___/___/___

Are Special Work Clothes Required? Yes No If yes, please list type of clothes needed: _____

Employer or Company Name: _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

Employer's Signature: _____ Date: ___/___/___

**Please return form to Sonja F. Barbaza, Fax (907) 335.0989 or P.O. Box 988, Kenai, AK 99611.
If you have any questions please call at (907) 335.0669, or education@kenaitze.org**

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PERSONAL FACT SHEET for RESUME

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ SS#: _____ Date of Birth: _____

Job Interest

Hours Willing to Work

Part Time: _____ Full Time: _____ Hours Per Week: _____

Education

School Attended	Dates	Graduated	Diploma/Degree
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Work Experience

Employer	Address	Dates
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Special Interest or Skills

Honors

References (other than members of the family)

Name	Address	Phone No.
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**Please return form to Sonja Barbaza by Fax (907) 335.0989 or mail to P.O. Box 988 Kenai, AK
99611**

If you have any questions please call Sondra Stuart at (907) 335.0669