



# Ketchikan Indian Community

Education and Training Department

615 Stedman Street • 907.228.9365 • Fax 1.800.727.2091 • eet@kictribe.org

## WORKFORCE DEVELOPMENT SERVICES APPLICATION

Thank you for your interest in KIC’s Workforce Development programs. We look forward to working with you on accomplishing your workforce goals! Our programs provide supportive services to tribal members interested in increasing their employability. On the following page, you will find a checklist of required documents that **must** be submitted before your application can be processed by staff.

### What to expect after you submit your application

Schedule and attend an appointment with Workforce Development Staff to:

- Review application and documents
- Complete Career Ready 101 pre-tests
- Complete Career Development Plan
- Determine eligibility for the following programs

#### Direct Employment Services

- o Supplemental assistance for:
  - GED testing fees
  - Interview clothing
  - Work clothing
  - Work tools
  - Courses that lead to increased employability
- o Interview clothing for unemployed tribal members.
- o Work clothing or work tool vouchers for tribal members newly employed within the last 60 days.
- o Applicants must have started their job within the last 60 days to qualify for work clothing or work tool vouchers.
- o Applicants seeking assistance with tuition for a course must provide a job description or other documentation that demonstrates the course will enhance employability.

#### Vocational Training Grants

- o One-time grants up to \$6,000 for tribal members pursuing training at accredited training centers for programs leading to a certificate or license. Grant award amounts depend on training length.
  - Programs up to 2 weeks: Up to \$1,500
  - Programs 2 weeks to 12 months: Up to \$3,000
  - Programs 13 to 24 months: Up to \$6,000
- o Applications must be submitted four (4) weeks before the training begins.
- o Applicants must have a National Career Readiness Certificate. Workforce Development Staff is able to administer tests to receive this credential if applicants do not have one.

**Please keep this page for your records**

**WORKFORCE DEVELOPMENT SERVICES APPLICATION CHECKLIST  
-THIS PAGE IS FOR STAFF USE ONLY-**

<b>Client name:</b>		
	<b>Required Documentation</b>	
<b>ALL APPLICATIONS</b>	Completed application – I am applying for: <input type="checkbox"/> <b>Work clothing or tool voucher</b> o Have you started your job in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No o If yes, please have supervisor fill out Employment Verification (last page) <input type="checkbox"/> <b>Interview clothing voucher</b> o Are you currently unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>GED testing fee assistance</b> <input type="checkbox"/> <b>Employability course fee assistance</b> <input type="checkbox"/> <b>Vocational training grant</b> o Applications must be submitted 4 weeks before training begins.	<input type="checkbox"/>
	Copy of KIC Enrollment Card or Document-----	<input type="checkbox"/>
	Copy of ID/Driver’s License-----	<input type="checkbox"/>
	Copy of Social Security Card-----	<input type="checkbox"/>
	30-day Proof of Residency ( <i>one of the following</i> ) <input type="checkbox"/> Rent/mortgage/moorage receipt or agreement <input type="checkbox"/> Paystub with address <input type="checkbox"/> Utility bill receipt <input type="checkbox"/> Meet with staff if unable to provide any documents listed above	<input type="checkbox"/>
	Career Development Plan ( <i>completed with staff at appointment</i> )	<input type="checkbox"/>
	Career Ready 101 Pretest Results ( <i>completed with staff at appointment</i> )	<input type="checkbox"/>
	<b>Work clothing or tool vouchers only:</b>	
	Employment Verification (page 7) ( <i>filled out by supervisor</i> )	<input type="checkbox"/>
	<b>GED testing fee assistance only:</b>	
Testing fee information from testing site	<input type="checkbox"/>	
<b>Employability course fee assistance only:</b>		
Job description or letter from potential employer stating course(s) provide necessary education or training to qualify and apply for employment	<input type="checkbox"/>	
<b>Vocational training grants only:</b>		
WorkKeys Score Job Profile ( <i>completed by staff</i> )	<input type="checkbox"/>	
Diploma, GED, or university transcripts o University transcripts must show receipt of a degree	<input type="checkbox"/>	
National Career Readiness Certificate	<input type="checkbox"/>	
Proof of Vocational Training Enrollment or Registration	<input type="checkbox"/>	

# WORKFORCE DEVELOPMENT SERVICES APPLICATION INFORMATION

Application processing times vary depending on the program. Please do not depend solely on this program to assist you as you may not receive assistance (if you are eligible) in time to meet your immediate needs. The program is funded by the Bureau of Indian Affairs (BIA) and is operated by the Ketchikan Indian Community Workforce Development. **The program has specific rules and regulations to follow in order to continue to receive funding to provide these services. There are many documents required prior to determination of your eligibility and issue assistance.**

## CLIENT RIGHTS AND RESPONSIBILITIES

The client has a right to:

- Be treated with respect.
- Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference or age.
- Be treated without regard to disability unless treatment being provided makes treatment hazardous to the individual.
- Have all personal information treated in a confidential manner.
- Review his/her file with appropriate staff present.
- Be fully informed regarding any and all fees associated with his/her services received from KIC.

The client has the responsibility to:

- Treat KIC staff with respect.
- Be accurate and complete as possible when providing information to a KIC staff person.
- Carryout KIC program rules and regulations related to the program he/she is applying for.
- Actively participate in decisions and perform those activities made in the decision-making process regarding any services received from KIC.
- Inform staff of any changes in client information, i.e., name, address, or income changes, etc.
- Ask for clarification regarding any services received from KIC that he/she does not understand.
- Respect KIC's status as alcohol-, drug- and smoke-free facilities.
- **Applicants under the influence of alcohol or illegal substances will not be served until they return sober.**

## CLIENT GRIEVANCE PROCEDURES

A procedure has been established and maintained by the Ketchikan Indian Community (KIC) to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights. No specific form is necessary to file a grievance; however, a grievance must be in writing. You must clearly state the problem(s) by detailing the actions taken or not taken by KIC staff and outline possible solutions and/or resolutions.

**Step 1:** Submit a complaint in writing to the Education and Training Director. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Education and Training Director shall, within 10 days of receipt of the complaint, issue a written decision and inform the client of the opportunity to further appeal the matter outlined in Step 2 below.

**Step 2:** If unsatisfied with the written decision by the Education and Training Director, submit an appeal in writing within thirty (30) days of Step 1, to the KIC Tribal Administrator, 2960 Tongass Avenue, Ketchikan, AK 99901.

**I have read and understand my rights and responsibilities as a client of Ketchikan Indian Community.  
I have read and understand the client grievance procedure in place at Ketchikan Indian Community.**

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

# Ketchikan Indian Community

## Workforce Development Services Application

Date	Last name	First name	Middle initial
Street address		City	State
		Zip	Social Security #
Mailing address		City	State
		Zip	Gender
Cell phone	Message phone		Email address
Program applying for: <input type="checkbox"/> Clothing/tool voucher <input type="checkbox"/> GED testing fees <input type="checkbox"/> Course fees <input type="checkbox"/> Vocational training grant			
Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for KIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	_____
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	_____
If yes, please explain: _____			

### EDUCATION

High school	City	State	Graduation date
If, GED provide program information	City	State	Date obtained
College or other post-secondary	City	State	Program

### REFERENCES: Please list three (3) individuals who can attest to your dependability and ability to adhere to commitments

Full name	Company	Association	Phone number
Full name	Company	Association	Phone number
Full name	Company	Association	Phone number

**EMPLOYMENT #1**

Company \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Job title \_\_\_\_\_

Starting wage \_\_\_\_\_

Ending wage \_\_\_\_\_

Responsibilities \_\_\_\_\_

Begin date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No**EMPLOYMENT #2**

Company \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Job title \_\_\_\_\_

Starting wage \_\_\_\_\_

Ending wage \_\_\_\_\_

Responsibilities \_\_\_\_\_

Begin date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No**EMPLOYMENT #3**

Company \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Job title \_\_\_\_\_

Starting wage \_\_\_\_\_

Ending wage \_\_\_\_\_

Responsibilities \_\_\_\_\_

Begin date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date received \_\_\_\_\_

# Ketchikan Indian Community

**615 Stedman Street  
Ketchikan, AK 99901  
Phone: 907.228.9365 - Fax: 1.800.727.2091**

## Workforce Development Services Release of Information

I, \_\_\_\_\_, hereby authorize the release of information requested by the Ketchikan Indian Community Workforce Development department. The requested information shall be used solely in the administration of Workforce Development programs and will not be released to any other person or agency outside the Workforce Development department or its agents. I hereby authorize Ketchikan Indian Community to obtain and exchange information related to my applications to participate in their programs and to arrange for such participation based on my employability assessment and plan employment related activities. This release of information shall be in effect while I am an applicant or recipient of Workforce Development services and for any later investigations pertaining to my eligibility and receipt of Workforce Development services.

Persons or organizations that may be contacted:

- Departments and programs within and administered by the Ketchikan Indian Community
- Department of Public Safety
- Department of Health and Social Services
- Public assistance program contractors and grantees
- Employers

By checking the box(es) below I authorize Ketchikan Indian Community Workforce Development department to contact the following persons or organizations:

- |   |   |
|---|---|
| <input type="checkbox"/> Department of Law              | <input type="checkbox"/> Tax assessors                  |
| <input type="checkbox"/> Department of Fish & Game      | <input type="checkbox"/> Health care providers          |
| <input type="checkbox"/> Department of Labor            | <input type="checkbox"/> Financial institutions (banks) |
| <input type="checkbox"/> Department of Military Affairs | <input type="checkbox"/> Native corporations            |
| <input type="checkbox"/> Alaska Housing Authority       | <input type="checkbox"/> Stock brokerage firms          |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Landlords                      |
| <input type="checkbox"/> Local and tribal governments   | <input type="checkbox"/> Private individuals            |

**A reproduction of this release is as valid as the original *Release of Information* and is valid for one year.**

_____ <b>Applicant Signature</b>	_____ <b>Signature of Other Adult in Household</b>
_____ <b>Printed Name</b>	_____ <b>Printed Name of Adult</b>
_____ <b>Social Security Number</b>	_____ <b>Social Security Number</b>
_____ <b>Date</b>	_____ <b>Date</b>

# Workforce Development Services Employment Verification

For use with work clothing or tool voucher applications only

Last name

First name

Middle initial

Cell phone

Message phone

**This section below must be completed by the employer**

**Thank you for completing this verification for the employee above. Your time is appreciated.**

* Job position/title					
Hourly wage		Start date		End date	
Days per week		Day of first pay			
*Is this job seasonal or temporary?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when will it end?	
*Is this a permanent or regular position?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
*Are special work clothes or tools required? (Such as scrubs, rain gear, work boots, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Does the employee have the necessary special work clothes?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If no, please describe the special clothes or tools required?					
Employer or company name					
Supervisor's name					
Supervisor's title or position				Phone	
Signature			Date		

**\*Applications cannot be processed if questions with asterisks are not answered\***