



# Ketchikan Indian Community

2960 Tongass Ave. Suite 429 (907) 228-5150 Main (907) 228-5190 Fax

## Vocational Training and Work Program Application

Full Name:						Date:		
Last		First			M.I.			
Address: Street Address:					Apartment/Unit #			
Mailing Address:					Apartment/Unit #			
City:			State:		ZIP Code:			
Phone: ( )		E-mail Address:						
Date Available:		Social Security No.:		Desired Salary:		\$		
Position Applied for:								
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
If yes, explain:								

### Education

High School:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

### References

Please list three professional references.

Full Name:		Relationship:					
Company:		Phone:			( )		
Address:							
Full Name:		Relationship:					
Company:		Phone:			( )		
Address:							
Full Name:		Relationship:					
Company:		Phone:			( )		
Address:							

## Previous Employment

Company:		Phone: ( )	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	

May we contact your previous supervisor for a reference? YES  NO

Company:		Phone: ( )	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	

May we contact your previous supervisor for a reference? YES  NO

Company:		Phone: ( )	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	

May we contact your previous supervisor for a reference? YES  NO

## Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, 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

2960 Tongass Avenue  
Ketchikan, Alaska 99901  
Phone: (907)228-5158  
[www.kictribe.org](http://www.kictribe.org)

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

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions (banks), Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Ketchikan Indian Community.

**A Reproduction of this release is as valid as the original  
Release of information valid for one year.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of other adult in the household

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Employment & Training Information & Application Packet**

Application may take up to 30 days to process. If you have an immediate need, please review the Community Resource list provided. 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 eviction deadline. The program is funded by the Bureau of Indian Affairs (BIA) and is operated by the Ketchikan Indian Community Employment & Training Program. The program has specific rules and regulations that we must follow in order to continue to receive funding to provide these services. There are many documents we are required to obtain before we can determine eligibility and issue assistance.

### **Client Rights/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.
- ◆ To carry out 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 KICHP.
- ◆ Inform staff of any changes in client information, i.e., name, address, or income changes, etc.
- ◆ Ask for clarifications regarding any services received from KIC that he/she does not understand.

Applicants under the influence of alcohol or illegal substances will not be served until they return sober.

### **General Assistance Work Requirements**

Employable persons who are applicants for or recipients of General Assistance are required to accept available employment for which they are able and qualified to perform.

Unemployed applicants are required to meet with E & T staff to implement a work plan until that person is employed. The work plan may include job referrals, referrals to other agencies/programs, daycare assistance, substance abuse programs, workshops/seminars, etc.

Individuals who refuse, or otherwise fail to seek and/or accept available employment, or who voluntarily and without good cause do not maintain their employed status: will not be eligible to receive GA for up to 90 days or until they have satisfied the unmet employment requirements.

If employed the previous month, General Assistance applicants will need to provide copies of wage receipts for that month and/or copies of child support payments.

Applicants having insufficient resources to meet their basic and essential needs may be eligible for assistance. For example, a person or family with regular income/resources may be unable to meet basic unmet needs.

### **Client Grievance Procedure**

A procedure has been established and maintained by Ketchikan Indian Corporation 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.

An earnest effort will be made by KIC staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Ketchikan Indian Corporation Tribal Council.

**Step 1:** Submit a complaint in writing to the Department Coordinator/Program Manager where the grievance occurred. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Coordinator/Manager shall, within 10 days after the 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 Coordinator/Manager, submit an appeal, in writing within thirty (30) days of Step 1, to the KIC General Manager, 2960 Tongass Avenue, Ketchikan, Alaska 99901.