



KNIK TRIBAL COUNCIL

Employment & Training Services Application

Knik Tribal Council is dedicated to helping our tribal members reach and achieve educational and job goals. That's because at KTC we believe there's no greater resource than our people. No matter where you go in your career, we're here for you every step of the way.

The activities of the employment placement and training program will assist members and eligible participants with a variety of services, from helping with resumes to referring them to other resources in the community.

Checklist

- *Completed Employment & Training Services Application*
- *Applicant must provide proof of Alaskan Native or American Indian descent*
- *Must show financial need after other sources of funding have been considered*
- *Maintain a Grade Point Average (GPA) of 2.0 or higher*
- *Have documentation of the job offer and proof that the training or equipment is required*

The intent of our Employment and Training services is to assist the tribal members in their endeavor to develop a career and training plan. If you have questions or need assistance, please contact:

Maree Morrison 907 373-7991 | FAX: 907-373-2161

BUSINESS HOURS: MONDAY – FRIDAY 8 AM – 5 PM | PHONE: 907-373-7991

Physical Address: 1744 Prospect Dr. Palmer, AK 99645 | Mailing Address: P.O. Box 871565 Wasilla, AK 99687

Knik Tribal Council

Employment & Training Services Application

Applicant Information (incomplete applications are not accepted, write "N/A" if it does not apply and write legibly)				
Last Name:		First Name:	MI:	Native/Nick/Maiden Name:
Social Security #:		Date of Birth:	Place of Birth:	Gender: circle one Male or Female
				Veteran: circle one Yes or No
Marital Status: Circle one Married or Single		Number of Dependents: Total number in household:		Membership Status Original Tribal Region/Corporation:
Household Type: Circle one	Rent Own Mortgage Relatives Homeless		KTC Member? Circle one: Base Member, Associate Member, Resident Non-Member	
Email Address:			Blood Quantum:	Knik Tribal Number:
Permanent Mailing Address		Physical Address		Work Ready: circle one
				Driver's License: Yes or No
				Transportation: Yes or No
				Resume: Yes or No
Home Phone Number:		Cell Phone Number:		Type of Employment interested in:
Education:		Employment/Monthly income: circle your status and write dates and income amounts		
H.S. Diploma: Yes or No Graduation date:		Employed PT or FT and hourly wage: \$		
GED: Yes or No Date Earned:		Unemployed Since: / / last hourly wage: \$		
Highest grade completed: last year attended:		Self-Employed PT or FT income: \$		
Secondary Education: Address:		Volunteering PT or FT list facility:		
Major course of study: Dates attended: Degrees received:		Never Worked		
		Other:		
Cultural or Traditional Skill:		Assistance or Supplemental Income:	Amount:	Specify Week/Month/Year
		ATAP	\$	
		Veteran Disability	\$	
		Regional Corporation Dividends	\$	
		General Assistance	\$	
Food, Customer Service, Hospitality Skills:		Longevity Bonus	\$	
		Retirement	\$	
		Unemployment	\$	
		Social Security	\$	
		Child Care Assistance	\$	
Entrepreneurial Skills:		Alaska PFD's	\$	
		Disability	\$	
		Other:	\$	
Laborer skills: circle the areas below in which you have experience				

Carpentry: Apprentice Lead Journeyman Finished carpentry Repair/remodel Specify other construction:	Construction misc.: Concrete work Drywall Sheetrock/mudding Electrical General clean up Heating Painting Plumbing Roofing	Framing: Metal stud Commercial Residential Specify other framing: Warehouse: Expeditor Forklift Shipping & Receiving	Basic labor skills Building maintenance Dispatch Driving: Delivery or Courier HVAC Janitorial Landscaping Snow Removal Welding: MIG or TIG Tools: do you own tools for your area of expertise? Yes or no	Certificates/Licenses (current) CDL-A or CDL-B, exp.: 40-hour Hazmat, exp.: Hazwop, exp.: Confined space, yes or no Asbestos abatement Specify other endorsements: Other certificates/licenses:	Mechanics: Automobile Diesel Heavy Equipment Small Engine Specify other: Movers: Household goods or moving company, yes or no
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Professional Skills: circle the areas below in which you have experience						
General Office	Typing	Secretarial	Accounting	Marketing	Medical	Computer Software
Receptionist Switchboard Filing Fax, copier Multi-phone # of lines: ____	WPM: ____ Data Entry Transcription Statistical	General Executive Legal Medical Shorthand	Payroll Collections Payables Receivables FC Bookkeeper 10-key KPH: ____	Sales, inside Sales, outside Telemarketing Customer Service Promotions	Med. Office Admin Medical Receptionist or Secretary Phlebotomy HBOC/Star Patient Registration Medical Insurance Billing LPN, RN, CNA, CMA Medical Transcription MedPro/Med manager FoxMed CPT/ICD 9, 10 codes EMT/Paramedic	Word Excel Access PowerPoint Word Perfect QuickBooks Other:

I certify that all information provided is true and complete.

Client Signature _____ Date _____

Employment Plans	
Who do you want to work for?	Business contact information:
Business Type:	Actual Start date:
Positions you would accept:	
State your request here: If more space is needed, attach a separate piece of paper.	

Employment Goals

Budget Information

Expenses: Estimate your total monthly household expenses		Supplies: Please list all requested tools, clothing, or supplies, and acquire a quote from the vendor and attach.	
Type of Expense	Amount	List type of Supplies:	Cost of Supplies:
Food	\$		\$
Heating Oil/Propane/Natural Gas	\$		\$
Phone	\$		\$
Electric	\$		\$
Water	\$		\$
Rent/House Payment	\$		\$
Gasoline	\$		\$
Cable Television	\$		\$
Child Care	\$		\$
Car Payment	\$		\$
Insurance	\$		\$
Other:	\$		\$
Total Estimated Monthly Expenses	\$	Total Supply Cost	

I certify that all information is true and complete.

Client Signature

Date:

Knik Tribal Council

Personal Development Plan | Work & Education

CURRENT EDUCATION AND TRAINING

High School, College, Vocational, Certifications: _____

Program of Study: _____

Past Employment: _____

Hobbies, Interests, Groups, Volunteer: _____

Educational or Workforce Goals: _____

FUTURE EDUCATION AND TRAINING

Career / Skill Interests: _____

Desired Employment: _____

Plans: _____

STEPS TO ACHIEVE GOALS:

1. _____

2. _____

3. _____

By signing this document, both parties indicate their understanding and acknowledge their agreements to fulfill the above plan. The member agrees that if any misuse of the funds occur, he or she will be held responsible for repaying the tribe. The member also agrees to provide timely progress reports and receipt of services, including employment paystubs, if requested, to the tribe.

Client Signature _____ Date _____

Employment & Training Director Signature _____ Date _____

Knik Tribal Council Uniform Grievance and Appeals Procedure

This procedure is applicable to both employees and services clients who feel they have not received fair and equal consideration for tribal services or job requirements. An employee, regardless of the length of appointment (except employees who have not yet completed 90 days of probation) is covered by the grievance policy. The employee or service applicant shall not be penalized in any way for submitting a grievance/appeal in good faith.

Procedure:

The employee or client should first discuss the alleged unfavorable decision with their supervisor, or the staff member involved and if it cannot be resolved at this time, the following procedure shall be taken:

1. The complaint shall be presented to the Educational Coordinator in writing to provide new and compelling information which may help in rendering a new and favorable decision. Assistance by KTC shall be rendered at this stage and any other stage in the process. The Educational Coordinator shall respond in writing within five working days. If a favorable decision is not rendered at this stage, the client may proceed to step two (2).
2. If the response is not satisfactorily resolved or the Educational Coordinator does not respond in five days, the employee or aggrieved party may file a formal grievance with the Executive Director. The employee/participant may make a written request to provide new and compelling information which may help in rendering a new and favorable decision which will be reviewed by the Executive Director. A hearing shall be set up within five working days. A decision shall be issued in writing by the Executive Director within five days. If a favorable decision is not rendered at this stage the client may proceed to step three (3).
3. If the response is not satisfactory or the Executive Director does not respond in five days, the employee or aggrieved party may file a formal grievance with the Independent Appeals Committee. The Independent Appeals Committee consists of no less than three tribal Council Members. The Committee will conduct a thorough and objective review of the grievance and develop a decision. The employee/participant shall be informed of the decision in writing, explaining how the committee came to its conclusion. The decision is final.

All time limits shall be adhered to; however, the time limits may be extended by mutual written consent of both parties in the event of scheduling difficulties. This extension shall not exceed ten (10) working days. In the event the employee/participant does not respond with the time frame established; the grievance shall be considered resolved.

Client Signature: _____ **Date:** _____

RELEASE OF INFORMATION

I, _____ authorize the Knik Tribal Council Staff to **EXCHANGE** information with the following agencies/programs:

- STATE AND TRIBAL EMPLOYMENT OFFICES
- STATE AND TRIBAL EDUCATION SCHOOLS/AGENCIES/DEPARTMENTS
- STATE AND TRIBAL WELFARE AND OR FINANCIAL OFFICES
- TRIBAL PROGRAMS AND AGENCIES
- TRIBAL DRUG/ALCOHOL PROGRAMS
- INDIAN HEALTH SERVICES
- ATTORNEYS/LEGAL REPRESENTATIVES
- STATE EMPLOYERS PRIVATE & GOVERNMENT

Please list any other person (s) or agency (s) with whom we **RELEASE** information to on your behalf such as your wife, husband, mother, father, stepparent, significant other, friend, etc. No information will be released to anyone other than listed above, including family, unless specified below.

1. _____
2. _____

I understand that the information to be exchanged/released will be for the following purposes: To prevent receipt of duplicative benefits; and To obtain verification of information provided by the applicant or recipient; or - Assist the client to obtain additional benefits, as it pertains to Knik Tribal Council's policies and objectives:

In addition, I understand that any information received will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services on my behalf. This release of information will be valid for one year from the date of signature or until I request in writing to rescind this authorization. * If applicant is under the age of 18, parental signature is required. Photocopy of carbon copy of this release is authorized and to be given the full force and effect as the original.

SOCIAL SECURITY NUMBER _____
DATE OF BIRTH

SIGNATURE OF APPLICANT **Date**

Parent/Legal Guardian **Date**