



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 newly employed tribal members and tribal members interested in vocational training. 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

- Work clothing or work tool vouchers for tribal members newly employed within the last 60 days.
- Interview clothing for unemployed tribal members.
- After all documents are submitted, a determination will be made within 10 business days.
- A notification letter will be mailed to the address provided on application after determination.
- Applicants must have started their job within the last 60 days to qualify for work clothing or work tool vouchers.

Vocational Training Grants

- 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.
- After all documents are submitted, applications are determined on the following dates: February 1, May 1, August 1, and November 1.
- A notification letter will be mailed to the address provided on the application after determination.
- 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.
- The Employer Guarantee of Hire must be on an official letterhead including employer's place of business and contact information. Letter must state that upon completion of training the applicant is guaranteed employment or a pay raise by the employer. Employer must be in Ketchikan.
- A High-Growth Industry Review form can be used in place of an Employer Guarantee of Hire. This form is completed by staff and identifies if the industry is high growth (percentage change of 10% or more) according to the Alaska Industry Forecast.

WORKFORCE DEVELOPMENT SERVICES APPLICATION CHECKLIST

Required Documentation	Direct Employment Services	Vocational Training Grant
Completed application – I am applying for: <ul style="list-style-type: none"> <input type="checkbox"/> Direct Employment Services work clothing voucher <ul style="list-style-type: none"> ○ Have you started your job in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct Employment Services work tool voucher <ul style="list-style-type: none"> ○ Have you started your job in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct Employment Services interview clothing voucher Are you currently unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vocational training grant <ul style="list-style-type: none"> ○ Grant applications are processed as following: February 1, May 1, August 1, and November 1. 	<input type="checkbox"/>	<input type="checkbox"/>
KIC Enrollment Card or Document	<input type="checkbox"/>	<input type="checkbox"/>
ID/Driver's License	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
30-day Proof of Residency (<i>one of the following</i>) <ul style="list-style-type: none"> <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"/>	<input type="checkbox"/>
Career Development Plan (<i>completed with staff at appointment</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Diploma or GED transcripts	<input type="checkbox"/>	<input type="checkbox"/>
Last 30 days Income (<i>one of the following</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Paystubs <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Previous year's income tax returns 	<input type="checkbox"/>	<input type="checkbox"/>
Career Ready 101 Pretest Results (<i>completed with staff at appointment</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Employment Verification (page 7) (<i>filled out by supervisor</i>)	<input type="checkbox"/>	
WorkKeys Score Job Profile (<i>completed by staff</i>)		<input type="checkbox"/>
National Career Readiness Certificate		<input type="checkbox"/>
High-Growth Industry Review Form (<i>completed by staff</i>) <u>OR</u> Employer Guarantee of Hire		<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 Workforce Development Director. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Workforce Development 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 Workforce Development Director, submit an appeal in writing within thirty (30) days of Step 1, to the KIC General Manager, 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.		
Signature	Printed Name	Date

KETCHIKAN INDIAN COMMUNITY

Workforce Development Services Application

Full Name		Date
Last	First	MI
Street Address/City/State/Zip		
Mailing Address/City/State/Zip		
Phone(s)		Email
Social Security Number:		Program Applying For:
Are you a United States Citizen? YES ___ NO ___		If NO, are you authorized to work in the US? YES ___ NO ___
Have you ever worked for KIC? YES ___ NO ___		If YES, when?
Have you ever been convicted of a felony? YES ___ NO ___		If YES, when?
If YES, please explain		
EDUCATION		
High School		Address
From	To	Did you graduate? YES ___ NO ___
College		Address
From	To	Did you graduate? YES ___ NO ___ Degree _____
Other		Address
From	To	Did you graduate? YES ___ NO ___ Degree _____
REFERENCES – Please list three (3) references who can attest to your dependability and ability to adhere to commitments		
Full Name		Relationship
Company		Phone Number ()
Address		City/State/ZIP
Full Name		Relationship
Company		Phone Number ()
Address		City/State/ZIP
Full Name		Relationship
Company		Phone Number ()
Address		City/State/ZIP
PREVIOUS EMPLOYMENT #1		
Company		Phone ()
Address		Supervisor

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Job Title	Starting Salary _____ Ending Salary _____
Responsibilities	
Begin date	End Date
Reason for Leaving	
May we contact this employer for a reference? YES ___ NO ___	

PREVIOUS EMPLOYMENT #2	
Company	Phone ()
Address	Supervisor
Job Title	Starting Salary _____ Ending Salary _____
Responsibilities	
Begin date	End Date
Reason for Leaving	
May we contact this employer for a reference?	

PREVIOUS EMPLOYMENT #3	
Company	Phone ()
Address	Supervisor
Job Title	Starting Salary _____ Ending Salary _____
Responsibilities	
Begin date	End Date
Reason for Leaving	
May we contact this employer for a reference?	

Military Service	
Branch	From _____ To _____
Rank at Discharge	Type of Discharge
If other than honorable, please explain	

DISCLAIMER AND SIGNATURE	
<p>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.</p>	
Signature	Date
Staff Signature	Date Received

KETCHIKAN INDIAN COMMUNITY

615 Stedman Street

Ketchikan, AK 99901

Phone: 907.228.5150 - 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.

Applicant Signature	Signature of Other Adult in Household
Printed Name	Printed Name of Adult
Social Security Number	Social Security Number
Date	Date

Workforce Development Services Employment Verification

For use with Direct Employment Services application only

Employee Name							
(Last)		(First)			(MI)		
Street Address/City/State/Zip							
Mailing Address/City/State/Zip							
Phone(s)				Email			
The Section Below Must Be Completed By The Employer Thank you for completing this verification for the employee above. Your time is appreciated.							
Employee's Job Position/Title							
Hourly Wage \$			Bi-Weekly Salary \$			Monthly Salary \$	
Start Date		End Date		Hours Per Week		Days Per Week	
Work Days (Please Circle)		MON	TUE	WED	THUR	FRI	SAT SUN
Date of First Pay Day				Date of First Full Pay Day			
If Seasonal, what are the seasonal dates of employment:							
Start of Season				End of Season			
Is this a full-time permanent position?		YES ____		NO ____			
Are special work clothes required:		YES ____		NO ____			
Is employee currently meeting dress code?		YES ____		NO ____			
If NO, please describe required clothing:							
Supervisor's Name (Please Print)							
Supervisor's Title/Position					Phone Number ()		
Employer or Company Name							
Mailing Address				City/State/ZIP			
Employer Signature				Date			