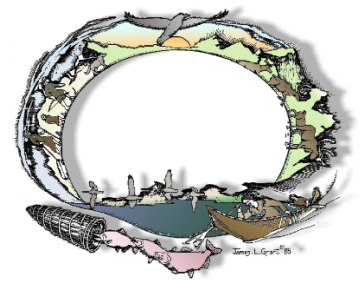


# Tanana Chiefs Conference

## Employment & Training Department

122 First Avenue, Suite 600, Fairbanks, AK 99701  
Phone: 452-8251 or 800-478-6822



Please Read Before Filling Out This Application

~COMPLETING THIS APPLICATION DOES NOT GUARANTEE SERVICES~

Under Public Law 102-477, the Employment & Training Department integrated the funds we have received from the U.S. Dept. of Labor with the U.S. Dept. of Health and Human Services, and the U.S. Department of Interior Bureau of Indian Affairs into a single coordinated comprehensive program/plan. All sources of alternative funding will be explored before program funds will be expended. All of Employment & Training Department services are supplemental resources. All applicants are required to apply for financial assistance from other State, Federal, and Private resources. All services are dependent upon available funding. The Coordinator of Employment & Training makes the final decision.

Supportive services can include funding for Tools, Work Clothing, Training, and Room/Board. Funding can only be awarded in cases where the supportive service is directly linked to employment of the client.

There is a 3-IN-A-LIFETIME rule when applying for ANY assistance

Through Employment & Training.

\*Important steps to take when requesting assistance from the Employment & Training Department.\*

- |  |  |
|--|--|
| <input type="checkbox"/> Denial letter from your tribe | <input type="checkbox"/> Proof of income for the last 6      |
| <input type="checkbox"/> Complete supportive services  | months   |
| <input type="checkbox"/> application                   | <input type="checkbox"/> Provide an updated resume           |
| <input type="checkbox"/> Employment verification       | <input type="checkbox"/> Register for selective services (if |
| <input type="checkbox"/> Tribal ID / CIB Card          | applicable)  |

1. For Confidentiality reasons, we cannot release any information about you to others, you will need to provide your information personally in order to receive services.

2. Clients attending any training or classes, if and when leads to a no call, no show act. The individual will not be eligible for services up to 1-3 years.

3. Incomplete applications will be discarded after 30 days

In circumstances with short-notice: It is always best to give us 7-10 days in advance notice to ensure that your needs can be met if eligible. However, short notice of need to this program sometimes cannot be helped; in this case an attempt to process your application as soon as possible is made. If you have further questions, please contact Employment and Training at extension 3172.

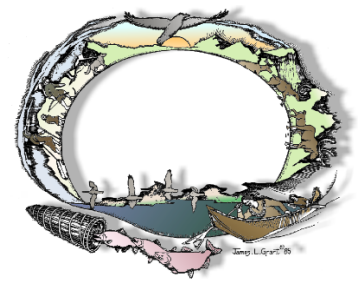
(907) 452-8251 x3172 OFFICE  
(907) 459-3885 FAX

[Employment\\_Dept@tananachiefs.org](mailto:Employment_Dept@tananachiefs.org)

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### I. PURPOSE

The purpose of Tanana Chiefs' Employment & Training Department is to assist eligible Alaska Natives and American Indians to obtain and retain employment and maintain self-sufficiency. Applicants for TCC's employment-related services may receive assistance with the following: work clothes, arctic gear, tuition for short trainings, fees, supplies, transportation, and tools (1 time only for tools). The Employment & Training Department also provides counseling on world-of-work and job readiness skills, employment referrals and referrals to other support service agencies, if necessary.

### II. ELIGIBILITY

To be eligible for financial assistance, an applicant must:

- A. Be enrolled to a federally recognized tribe;
- B. Have recently obtained or be seeking verifiable employment;
- C. Be pursuing training in an occupation in which there is a reasonable expectation of obtaining employment;
- D. Show financial need, be unemployed or underemployed;
- E. Be registered for the selective service, if applicable.

### III. STANDARD FOR GRANT APPLICATION & FUNDING

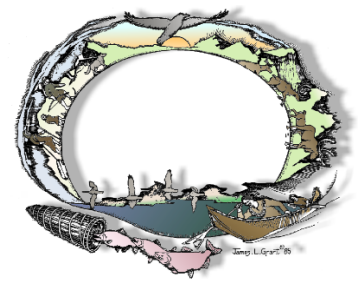
- A. Applicant must have a completed application packet and supporting documents requested.
- B. Financial assistance shall not be used to supplement the income of a person already employed.
- C. Services will be provided on case-by-case need basis.
- D. Duplicate services are not allowed.

•If denied services, you will get a phone call. If you would like, you may appeal the denial in writing through an appeal procedure. The appeal procedure has time limitations.

# Tanana Chiefs Conference

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Full Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Email: \_\_\_\_\_ MSG/Cell # \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Sex: ☐ Male ☐ Female

Village enrolled to: \_\_\_\_\_

Regional Corporation: ☐ Doyon ☐ Arctic Slope ☐ NANA ☐ Bering Strait ☐ Calista

☐ Cook Inlet ☐ AHTNA ☐ Bristol Bay ☐ Chugach ☐ Koniag ☐ Aleut ☐ Sea Alaska

Number in household \_\_\_\_\_

1	2	3	4	5	6	7
\$24,135	\$32,656	\$41,175	\$49,695	\$58,215	\$63,270	\$75,255

Add \$5,600 for each additional member

PROVIDE DOCUMENTATION FOR VERIFICATION

Pay stubs, Release of information, etc.

Items Requested:

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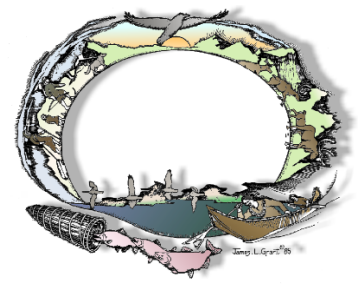
ITEMS	QUANTITY	PRICE (For office use only)

# Tanana Chiefs Conference

## Employment & Training Department

122 First Avenue, Suite 600, Fairbanks, AK 99701

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### Education & Training

Please check one of the following

I am a:

- |  |  |
|--|--|
| <input type="checkbox"/> School dropout, last grade completed_____ | <input type="checkbox"/> Completed one of more years of postsecondary education                    |
| <input type="checkbox"/> Student, high school or less              | <input type="checkbox"/> Attained a postsecondary technical or vocational certificate (non-degree) |
| <input type="checkbox"/> High school graduate or G.E.D. recipient  | <input type="checkbox"/> Attained an Associate's degree  |
| <input type="checkbox"/> Attained secondary school diploma         | <input type="checkbox"/> Attained a Bachelor's degree  |
| <input type="checkbox"/> Attained a secondary school equivalency   | <input type="checkbox"/> Attained a degree beyond a Bachelor's degree                              |

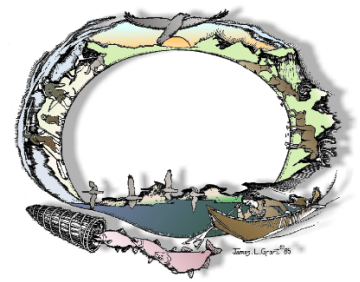
### Employment History

Employer Name:	Job Title:	Dates Employed (from/to):
Location:	Wage:	Hours per Week:
Reason for Leaving:		
Employer Name:	Job Title:	Dates Employed (from/to):
Location:	Wage:	Hours per Week:
Reason for Leaving:		
Employer Name:	Job Title:	Dates Employed (from/to):
Location:	Wage:	Hours per Week:
Reason for Leaving:		

# Tanana Chiefs Conference

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### Military Selective Service Self Certification

Section 3(a) of the Military Selective Service Act requires that male citizens of the United States, who are born after 12-31-59 AND are between the ages of eighteen (18) and twenty-six (26) MUST register for the Selective Service. Section 504 of the Workforce Investment Act (WIOA) requires that all participants under WIOA be in compliance with the military Selective Service Act registration requirements.

#### Determination

☐ Born before 12/31/59      ☐ Yes, I have registered with Military Selective Services

Approximate Date I Registered \_\_\_\_\_ Place of Registration: \_\_\_\_\_

☐ No, I have not registered with the Military Selective Service.

I am a:    ☐ Veteran    ☐ Not Applicable

#### Self-Certification

I realize that I cannot be served under the Workforce Investment Act (WIOA) unless I have registered for the military Selective Service. I further understand that Tanana Chiefs Conference, as a WIOA grantee, can verify my registration with the Selective Service system and if I am found not to be registered I will be terminated from the program. If I am terminated from the program as a result of falsifying information on my eligibility, I may be prosecuted for fraud.

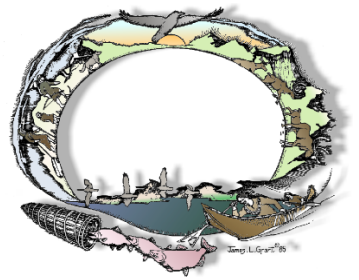
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Tanana Chiefs Conference

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### Authorization for Exchange of Information

If you are receiving Public Assistance, such as: ASAP, APA, Food Stamps, GA/TWEP, etc.

I \_\_\_\_\_ authorize the Alaska Department of Health and Social Services, Division of Public Assistance, Social Security “budget letter”, “benefits letter”, or a “proof of award letter”, and/or Tanana Chiefs Conference, ASAP Program to release information to Tanana Chiefs Conference, Employment & Training Department, from my public assistance or file records indicating assistance received on behalf of all members of my household from said programs. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department programs.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Social Security: \_\_\_\_\_

☐ ATAP   ☐ Food Stamps   ☐ APA   ☐ Unemployment Benefits   ☐ GA/TWE

If anyone in the household is an employee of the Tanana Chiefs Conference.

I \_\_\_\_\_ authorize the Tanana Chiefs Conference, Payroll Department, to release my payroll information to the Tanana Chiefs Conference, Employment & Training Department. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Social Security: \_\_\_\_\_

This agreement is in effect until: the conclusion of this case or if revoked by the person providing authorization.

\_\_\_\_\_  
Printed name of person giving consent

\_\_\_\_\_  
Signature of person giving consent

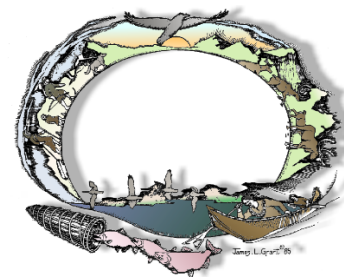
\_\_\_\_\_  
Date of Signature

# Tanana Chiefs Conference

## Employment & Training Department

122 First Avenue, Suite 600, Fairbanks, AK 99701

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### Employer Verification Form (To be filled out by Employer)

Name: \_\_\_\_\_ Began working for Employer (date): \_\_\_\_\_

Job Title: \_\_\_\_\_ Wages: \_\_\_\_\_ per hour, at \_\_\_\_\_ hours per week.

This Job offers Fringe Benefits ☐ Yes ☐ No

His/Her first paycheck will be received on (Month/Day/Year) \_\_\_\_\_

Please check the appropriate classification of employment:

☐ Full-time, permanent ☐ Temporary, From: \_\_\_\_\_ To: \_\_\_\_\_

☐ Part-time, permanent ☐ Seasonal, From: \_\_\_\_\_ To: \_\_\_\_\_

☐ Other, explain: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

I do hereby authorize the mutual exchange of information regarding myself between Tanana Chiefs Conference Employment & Training Department and my employer.

Signature of applicant: \_\_\_\_\_

For office use only: \_\_\_\_\_

Items provided:

\_\_\_\_\_

Items not provided:

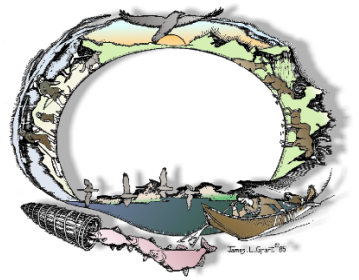
\_\_\_\_\_

# Tanana Chiefs Conference

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CERTIFICATION: I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I authorize Tanana Chiefs Conference to verify any and/or all statements made by me in this application with Employment Security; Department of Health and Social Services; my regional corporation; my village corporation or council; other Employment Assistance, WIOA, and/or former employers for the purpose of verifying eligibility. I further certify that I have not knowingly and/or willingly made any misstatement for the purpose of obtaining Employment Assistance, WIOA or DE funds and benefits; and that, further, I am aware that it is a crime to deliberately and knowingly falsify any application for Federal benefits or State benefits. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if false information was provided on this application. I also have received a copy of the grievance procedure on this date.

\*I acknowledge that I understand and agree to the above certification\*

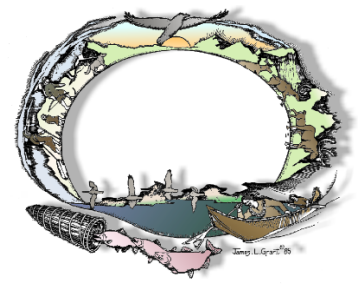
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# Tanana Chiefs Conference

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### Applicant's Appeal Procedures

An applicant, who has been denied services, or feels he/she may have been treated unfairly, has the right to file a written appeal by following these procedures:

#### Step 1.

**Program Coordinator:** An applicant may file a written appeal to the Program Coordinator and ask for reconsideration of their decision. The Program Coordinator has 10 working days after the date stamped on the appeal to respond. An applicant not satisfied with the Program Coordinator's decision may submit their appeal to the Program Director (Step 2) within 5 days upon receipt of the Program Coordinator's decision.

#### Step 2.

**Program Director:** The Program Director has ten (10) working days from the date he/she receives an appeal to review documentation, make a decision, and respond. An applicant not satisfied with the Program Director's decision may resubmit their appeal to the Appeal Committee (Step 3) within 15 days after receiving the Program Director's decision.

#### Step 3.

**Appeal Committee:** The Appeal Committee meets regularly, to review appeals. The committee will notify an applicant of their decision within seven working days after the date of their meeting. All decision made by the Appeal Committee are final.

Decisions affecting an applicant are made based on a review of program policies, procedures, and the required official documents. An applicant has 15 days after receipt of a decision to register an appeal. All decision made by the Appeal Committee in Step 3 are final.

I have read, understood and received a copy of Applicant's Appeal Procedures outlined above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_