

Manilaq Association Employment & Training Intake Application

What services are you applying for: _____

Applicant Information

Name: First Middle Last			Social Security Number	
Maiden Name: Or other Names Used:		Date of Birth:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Mailing Address:		City:	State:	Zip:
Physical Address:		City:	State:	Zip:
Home Phone:	Message Phone:	Work Phone:		

Tribal Village you are Enrolled in: _____
(Attach Copy of Tribal Card)

Marital Status: Single Married Separated Divorced Widowed

Educational Background

High School Attended	Highest Grade Completed: 9 th 10 th 11 th 12 th			
Address:	City:	State:	Zip:	Date of Graduation:
Date received GED:	Last Year Attended School:			

List All Household Members

Name	Relation to Head	Birth Date	Tribal Enrollment #	Social Security #
	Self			

Barriers to Self Sufficiency (Check all that may apply):

- | | |
|--|---|
| <input type="checkbox"/> Currently employed/low income | <input type="checkbox"/> Not in Labor Force |
| <input type="checkbox"/> BIA General Assistance Recipient | <input type="checkbox"/> Long-Term TANF(30 Months)/ATAP Recipient |
| <input type="checkbox"/> Last date of employment _____ | <input type="checkbox"/> TANF Recipient |
| <input type="checkbox"/> Lack significant work history | <input type="checkbox"/> Unemployed 15 + weeks |
| <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Substance Abuse Issue |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Reading Skills below 7 th grade |
| <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Math skills below 7 th grade |
| <input type="checkbox"/> Not at age appropriate H.S. grade level | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> High School Dropout/no GED |
| <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Single parent |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Disabled Individual |
| <input type="checkbox"/> Child Support Issues | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Public Assistance (Food Stamps, GA, etc.) | <input type="checkbox"/> Pregnant/Parenting Teen |

Employment Information

Employer:		Job Title:	
Supervisor:		Phone:	Dates Employed: (from/to)
Wage:	Hours/Week:	Length of Employment:	
Last Employer:		Job Title:	
Date Last Worked:	Ending Wage Per Hour:	Hours Per Week:	
Reason For Leaving:		Length of Employment:	

- Do you live in your Tribal village?.....YES NO
 If so, How many years? _____
- Do you have a disability?YES NO
 If so, please explain. _____
- Do you pay or owe child support?YES NO
 If so, is it collected by the state?YES NO
 How many children do you pay for child support? _____
- Are you a veteran?YES NO
- If Male, have you registered with Military Selective Services?YES NO

Employment History

Employer Name:	Job Title:	Dates Employed: (from/to)
Address:	Wage:	Hours Per Week:
Reason For Leaving:		
Employer Name:	Job Title:	Dates Employed: (from/to)
Address:	Wage:	Hours Per Week:
Reason For Leaving:		
Employer Name:	Job Title:	Dates Employed: (from/to)
Address:	Wage:	Hours Per Week:
Reason For Leaving:		
Employer Name:	Job Title:	Dates Employed: (from/to)
Address:	Wage:	Hours Per Week:
Reason For Leaving:		
Employer Name:	Job Title:	Dates Employed: (from/to)
Address:	Wage:	Hours Per Week:
Reason For Leaving:		
Employer Name:	Job Title:	Dates Employed: (from/to)
Address:	Wage:	Hours Per Week:
Reason For Leaving:		

**Privacy Act of 1974
(P.L. 93-579)**

NOTICE OF RECORD SYSTEM

The law requires every federal agency maintaining records about people to inform each person, from whom information is obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Maniilaq Association Higher Education and Career Development Department, as we have contracts with the U.S. Department of the Interior, Bureau of Indian Affairs; the U.S. Department of Labor, Division of Indian and Native American Programs; and the Department of Health and Human Services, Administration for Children and Families.

The purpose of the forms and questions asked of you is to enable us to organize, staff and provide comprehensive employment and vocational training services to the people we serve. In most instances you may choose not to answer the questions if you so desire, without risk to your rights and entitlements. However, by giving the information requested of you, we will be able to carry out our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence, and is only available to Maniilaq employees who have a need to know in the performance of their duties. In addition, certain data may be provided to local, state, federal, and other health and welfare facilities and agencies on a need-to-know basis for continuation of services, to provide for a proper evaluation of your case file and for reporting as required by the aforementioned federal agencies.

Data may also be made available to approved accreditation agencies and performance standard review organizations for evaluation of our system; to authorized research personnel with an approved research protocol when no personal identification data is included, and to the Department of Justice or other law enforcement agencies.

I CERTIFY THAT I UNDERSTAND THE AUTHORITY BY WHICH INFORMATION IS ASKED OF ME, AND THE PURPOSE AND USE TO WHICH THAT INFORMATION WILL BE PUT, AND THAT PROVIDING ANY INFORMATION IS VOLUNTARY ON MY PART.

IDENTIFICATION:

Name: _____ Date: _____

Social Security Number: _____

Date of Birth _____

**Maniilaq Association
Employment & Training Program
Authorization for Release of Information**

I, _____, hereby authorize the release of information requested by the Tribal Government Services, Employment & Training Program. The requested information shall be used solely in the administration of Employment & Training and will not be release to any other person or agency outside the Employment & Training Program or its agents. I hereby authorize the Employment & Program Services 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 services and activities. This release of information shall be in effect while I am an applicant or recipient of Employment & Training benefits.

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, stock and grantees, Health Care Providers, Tax Assessors, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, School Authorities, private individuals and all departments and programs within and administered by the Tribal Government Services.

Applicant Signature

Signature of other Adult Household Member

Printed Name of Applicant

Printed Name of other Adult Household Member

Social Security Number

Date of Signature

Date of Applicant Signature

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

**Maniilaq Association
Grievance Procedure**

A grievance may be sought by any participant in a Maniilaq Association, Employment & Training program who believes that a violation of the act, the Regulations or terms of the contract, subcontract and/or training agreement has occurred. The following procedure shall be used as the means of settling such grievances:

- Step 1. The participant will first make his/her complaint known to his/her worksite supervisor or classroom instructor and attempt to settle the matter through discussion within one week of the incident.
- Step 2. If the matter is not resolved to the satisfaction of the participant, the participant will immediately put such complaint in writing and submit this for review to the Education Program Manager, at P.O. Box 256 Kotzebue, Alaska 99752.
- Step 3. If the matter is not resolved to the satisfaction of the participant, the participant will immediately request, in writing, to continue the Grievance to Step 3. The complaint will then be reviewed by the Tribal Government Administrator.
- Step 4. If the matter is not resolved to the satisfaction of the participant, the participant will immediately request, in writing, to continue the Grievance to Step 4; a review by the Chief Executive Officer.
- Step 5. If the Chief Executive Officer determination does not settle the matter to the grievant's satisfaction, the grievant may appeal to the Federal Department of Labor (DOL) and Maniilaq will provide a full update to DOL as to the steps covered for final resolution. An exact duplicate of what has been supplied to DOL will also be supplied to the grievant.
- Step 6. Resolution of the grievance should not exceed four working weeks from start to finish.

By signing, I have read, understood and received a copy of the Grievance Procedures outlined above.

Participant Signature _____

Date _____

READ BEFORE SIGNING

I apply for financial assistance for services for the listed members of my household who are in need. I have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. I agree to supply information regarding resources and income and to notify the agency of any changes in my situation. Tribal Government Services is authorized to obtain information necessary to establish eligibility for assistance. I have read, or had explained to us, the provision of our protection under the paperwork reduction Act and the Privacy Act. In the case that an overpayment is made to you by signing below you authorize Tribal Government Services staff to reduce your future benefit amounts or to pay the amount back in full at the time the mistake is identified.

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the Employment & Training Program for a period of 60 days, but not more the 90 days. I also understand that if there are any changes to be made that I will contact my Case Worker in a timely manner to ensure my success in the Employment & Training Program.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any BIA Grant awarded may be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcripts to the Maniilaq Employment & Training Program at the end of each academic term.

Applicant Signature

Signature of Other Adult Household Member

Printed Name

Printed Name

Date

Date

If you fail to sign or date your application it will not be processed.

The application has been completed and reviewed by the following ET Staff Member.

Intake Specialist

Date

Reviewer

Date