



MANIILAQ ASSOCIATION 477 WORKFORCE DEVELOPMENT

102.477 JOB PLACEMENT AND TRAINING APPLICATION

477 Job Placement and Training Funds:

Provides assistance to low income tribal members with pre-employment needs including but not limited to **work-clothes, tools, utilities, deposit and first month's rent, groceries, and basic household needs**. Assistance is provided to those tribes who have an authorizing resolution to Maniilaq. Assistance is provided to these tribal members who are new employees that have received an offer of employment and have NOT received their first paycheck and have not been working for at least 12 weeks. Current tribes authorized are **Ambler, Deering, Kivalina, Kobuk, Noorvik and Shungnak**.

PLEASE NOTE: If you **currently live in Kotzebue**, regardless of the tribe you are enrolled in, you will have to apply for the Job Placement and Training Program with the Kotzebue IRA.

Based on our programs policy plan, we provide services based on the individual participant's reasonable and necessary unmet need.

This program provides funds to assist tribal members acquire job skills necessary for full-time employment including testing, counseling, guidance, training, apprenticeship, on-the-job training and supportive services such as work-related clothing, transportation, tools and related expenses.

Required Documents (to attach to application)

Note: Applications without documentation will not be Accepted!

- Completed, Signed Job Placement Application
- Completed Maniilaq 477 Intake Assessment Form
- Verification of Residency (mail or bills)
- Tribal IRA Enrollment Verification
- Income for the Applicant's Household
- Verification of Employment Form- Form Attached Or your job offer letter
- Housing Rental Agreement (if applicable)
- Proof of needing work-clothes, tools, utilities, or training expenses.
- Males 18+ Selective Service Registration - Proof

Responsibility of Applicant:

It is the applicant's responsibility to contact the Maniilaq 477 Workforce Development office to ensure his/her application has been received and is being processed.

If your application is incomplete, we will contact you to inform you of what's needed, and you will have 30 days to get the required information back to us. If you have not contacted us after that time period, your application will be denied.

Goals and Objectives of our Program:

The goal of Maniilaq's 477 Workforce Development Department is to assist tribal members in the Northwest Arctic region in acquiring training with the end goal of obtaining gainful employment and to be economically self-sufficient. Our case workers go above and beyond to assist each client in funding resources and also by providing case management, need assessments which identify skills, work experience, educational needs, and training needs to achieve employment.

Eligibility:

- Completed application with documents
- Tribally enrolled in one of the six villages: **Ambler, Deering, Kivalina, Kobuk, Noorvik, Shungnak**
- Be a resident of the Maniilaq service area
- Have accepted a full-time, permanent job
- Have NOT received their first paycheck





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Mark Assistance Being Requested

- Food and Household Items
 Work clothes and Tools
 Utility/Electricity Deposit
 Travel Assistance
 Rent
 Other: _____

Applicant Information

Email Address: _____

please check your email as well for correspondence from WFD

Name: First		Middle	Last	Other Names Used	
Social Security Number			Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Mailing Address:			City:	State:	Zip:
Home Phone:		Message Phone:		Work Phone:	
Training or Relocation Address: (if applicable)			City:	State:	Zip:
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Discharge: / /		Males 18+ Registered with Selective Service? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Are you or any member of your household a shareholder of a Native Corporation? Yes No
 If yes, list the names of household members and Corporation(s):

Name:	Native Corporation	# of Shares

Explain in detail: Please include all information you feel would help us better assist you:

Statement of Truth: Under penalty of perjury, I certify that all information contained in this application is accurate and true to the best of my knowledge. I understand that the information is subject to verification. I further certify that any funds received under the Maniilaq 477 Workforce Development Department will be used solely for expenses related to my employment and/or training purposes that will assist in leading to self-sufficiency.

Print Full Name

Sign

Date



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Verification of Employment Needs

-To be filled out by Employer -

The individual named below has applied for services through Maniilaq Association's 477 Workforce Development Job Placement & Training Program. Please provide the following information for verification.

Applicant's Name:	
Employer or School Name:	
Employer or School Address:	
Phone Number:	Fax Number:

From the boxes below, choose either option that applies to the student:

Employment

Applicant's Job Title:		
Employment Start Date:	Date of first check:	
Date of Hire:	Hourly Salary:	Hours Per Week:
Please indicate applicant's employment status		
<input type="checkbox"/> Pre-employment interview/orientation dates:		
<input type="checkbox"/> Full-time, permanent		
<input type="checkbox"/> Full-time, temporary. If temporary, what is the duration of employment _____weeks/months?		
<input type="checkbox"/> Part-time, permanent		
<input type="checkbox"/> Part-time, temporary. What is the duration of employment?		
<input type="checkbox"/> Other, explain:		
Does position offer fringe benefits? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Is this a career ladder position? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If so, please list the training that the applicant will need to advance in his/her higher position:		
Does the job description require training or certification not provided by employer? If so, please list:		
Does this job require any special clothing, tools or equipment? If so, please list:		

Signature of Employer/Faculty Staff _____ Date _____

Printed Name _____ Title _____