



Job Placement & Training Program

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752

Phone: (907)442-7021 | Fax: 1-866-832-9350 | email: etprogram@maniilaq.org

Job Placement & Training payments can be provided to tribal members to assist in acquiring job skills necessary for full-time employment. Applicant must provide Tribal IRA Enrollment and must reside in one of the following communities: Ambler, Deering, Kivalina, Kobuk, Noorvik, or Shungnak. If your community is not listed, please reach out to the IRA directly. **Applicant must meet 25 CFR 26.5, which states applicant must be unemployed, underemployed or need and can benefit from employment assistance that leads to permanent, gainful and meaningful employment or who have obtained a job and need financial assistance to retain the job.**

Required Document Checklist:

- Tribal IRA Enrollment Reside in Maniilaq Service Area

Applicant Information

Full Name:		Other Name/Alias:	
Email Address:			
Mailing Address:			
Physical Address:			
Phone Number: (H)		(W)	(C)
Veteran: <input type="radio"/> No <input type="radio"/> Yes, Discharge Date:		Selective Services Registration: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Marital Status: (Please check one)	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
Household Type: (Please check one)	<input type="radio"/> Single Parent	<input type="radio"/> 2 Parent Family	<input type="radio"/> Foster Family <input type="radio"/> Adoptive Family

Household Information - List all persons residing permanently in your household. If you need additional space use another sheet of paper.

Name	Relationship	DOB	IRA Tribal Enrollment	SSN	Income
	Self				

Provide a quote or proof of need for any of the following checked below:

- Food & Household items Work Clothes & Tools Utility/Electricity Deposit Travel Assistance Rent
 Other:

Explain in detail how we may assist your needs for employment:



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Verification of Employment

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

Job Title:		
Employment Start Date:	Date of first check:	
Date of Hire:	Hourly Salary:	Hours Per Week:

Please indicate applicant's employment status below

<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
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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:

Notes:

I certify that I have filled out the form above and it is true to best of my knowledge.

Signature of Employer/Faculty Staff _____ Date _____

Printed Name _____ Title _____



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477 APPLICANT APPEAL/ GRIEVANCE PROCESS

Maniilaq P.L 102.477 program has established a uniform appeal and grievance procedure applicable to all participants within our programs engaged in any type of activity included under the 102.477 Plan. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal for Maniilaq 102.477 programs is presented and resolved by the Maniilaq Association Tribal Government Administrator.

All appeals and grievances must be in writing and submitted within twenty (20) business days of the action being appealed. Applicants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). An appeal/ grievance may be sought by any participant within WFD Programs who believe that a violation has occurred with the applicants' final determination.

The following procedure shall be used as the means of settling such appeal and/or grievances:

- **Step 1.** The applicant will first make their complaint known to the caseworker within 20 days of the complaint.
- **Step 2.** If the matter is not resolved to the satisfaction of the applicant, they will immediately put such complaint in writing and submit the caseworker's decision for review to the Employment & Training Lead Case Corker at P.O. Box 256 Kotzebue, AK 99752.
- **Step 3.** If the matter is not resolved to the satisfaction of the applicant, the applicant will immediately request a hearing for the complaint to be reviewed by the Workforce Development Director.
- **Step 4.** If the matter is not resolved to the satisfaction of the applicant, they will immediately request a hearing for the complaint and Workforce Development Directors decision to be reviewed by the Tribal Government Services Administrator.
- **Step 5.** The final decision of the appeals for Maniilaq 102.477 programs is resolved by the Maniilaq Association Tribal Government Administrator.

I read and understand the statements:

1. I certify that the information on the Job Placement & Training Application is true to the best of my knowledge and belief;
2. I understand that falsifying the application subjects to possible repayment of any payment(s) made on my behalf;
3. I understand that Workforce Development may contact other people and businesses to verify any information needed for my Job Placement & Training Application with the Release of Information.
4. I understand that the Job Placement & Training Assistance can only be provided twice in a lifetime.

ASSOCIATION

Printed Name of Applicant

Date

Name of Co-Applicant

Date

Signature of Applicant

Signature of Co-Applicant



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Authorization for Release of Information

I (applicant) _____, and (co-applicant) _____, hereby authorize the release of information requested by Maniilaq Association Workforce Development. I authorize Workforce Development to obtain and exchange information related to my application. This release of information shall be in effect while I am an applicant or recipient of Workforce Development Services.

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, and Tribal Government Services.

- Tribal Enrollment
- Income
- Native Corporation Shares and Distributions
- Verification of employment
- Other: _____

Printed Name of Applicant

Date

Printed Name of Co-Applicant

Date

Signature of Applicant

Signature of Co-Applicant

MANIILAQ
ASSOCIATION