



Kenaitze Indian Tribe Education and Career Development

P.O. Box 988 Kenai, AK 99611

35105 K-B Drive Suite A, Soldotna, AK 99669

Phone: 907-335-7609 Fax: 907-202-8359

education@kenaitze.org www.kenaitze.org

JOB PLACEMENT

The Job Placement Program provides assistance to the client who has secured permanent employment or employment in a construction trade. This assistance can be used for special clothing, rent, groceries and other basic needs until the first pay check arrives.

Please provide copies of the documentation listed below. If copies of the documentation are not submitted with this application or the application is incomplete, **your application will be returned to you.**

- Application form **completely filled out and signed**
- Complete Verification of Employment Form** that includes: job, wage, expected length of employment, name, address, and phone number of employer
- Verification of Indian Ancestry (CIB or Tribal Card)
- Drivers license/State ID
- Social Security Card or Birth Certificate; check following web pages:
<http://www.ssa.gov/online/ss-5.html>
http://www.hss.state.ak.us/dph/bvs/birth/birth_form.pdf
- Verification of Unemployment, Public Assistance, General Assistance if applies.

Please call for an appointment after completing the application along with all documentations (907) 335-7609

Thank you,

Education and Career Development



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GENERAL

Last name	First	MI	Maiden name
Mailing Address		City	State Zip
Phone number	SSN	DOB	
Tribal Affiliation		Regional Corporation Affiliation	
Number of children in school:		Number of dependents:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Emergency contact name			Phone number
Address		City	State Zip

EMPLOYMENT INFORMATION

Type of employment desired:	Do you have any physical limitation that would interfere with your employment? If yes, please explain.		
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment History: (List your three most important periods of employment)			
Employer Name		Job Title	
Address		City	State Zip
Description of Duties			
From:	To:	Reason for leaving	
Employer Name		Job Title	
Address		City	State Zip



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Description of Duties		
From:	To:	Reason for leaving
Employer Name		Job Title
Address		City State Zip
Description of Duties		
From:	To:	Reason for leaving

FINANCIAL INFORMATION

*****Financial needs analysis based on monthly income and expenses*****			
Resources		Expenses	
Income	\$		Rent/House Payment
ATAP	\$		Utilities
Food Stamps	\$		Transportation
Unemployment	\$		Clothing
Social Security	\$		Tools
Disability	\$		Childcare
Other	\$		Other
TOTAL	\$		TOTAL
			\$

Additional Comments you would like us to know regarding your budget: _____



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NEED STATEMENT

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PRIVACY ACT (P.L. 579) NOTICE OF RECORDS SYSTEM

The U.S. Congress has passed a law that requires every office maintaining records about people to inform each person from whom information is being obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Kenaitze Indian Tribe's Employment and Training Office since we have a contract with the U.S. Dept. of Labor and the Bureau of Indian Affairs.

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

Information provided by you is held in confidence and is only used to determine your eligibility for services and plan better training on your behalf.

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 used, and that providing any information is voluntary on my part.

Applicant signature

Date

