



## 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](mailto:education@kenaitze.org); [www.kenaitze.org](http://www.kenaitze.org)

### Workforce Investment Act (WIA) Comprehensive Services (CS)

The Workforce Investment Program provides meaningful work experience and career exploration for participants. Comprehensive Services Program serves adults 18 and above to increase skills so they may be employed and or employed at a higher wage.

To qualify for the Workforce Investment Program you must be Alaska Native/American Indian, with an established financial need. Please provide copies of the documentation listed below. IF copies of the documentation are not submitted with this application or the applications incomplete, **your application will be returned to you.**

Participant requirements:

- Application Form

If you have any additional question please call me at 907-335-7609.

Thank you,

Education & Career Development



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## Workforce Investment Act Comprehensive Services Application

### EDUCATION AND TRAINING

Check the highest grade completed:		<input type="checkbox"/> Freshman in college
<input type="checkbox"/> No educational grades completed		<input type="checkbox"/> Sophomore in college
<input type="checkbox"/> Grades between 1-10 completed in		<input type="checkbox"/> Junior or Senior in college
<input type="checkbox"/> Elementary/secondary grade		<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Completed 11 <sup>th</sup> grade or went thru the		<input type="checkbox"/> 5 years of college
<input type="checkbox"/> 12 <sup>th</sup> grade but did not receive a diploma		<input type="checkbox"/> 6 or more years of college
<input type="checkbox"/> High school graduate or equivalent (GED)		
Education status:		
<input type="checkbox"/> Student; attending high school or less	<input type="checkbox"/> Not attending high school; dropout	
<input type="checkbox"/> Student, attending post high school	<input type="checkbox"/> Not attending high school; high school graduate	
Have you received training under JTPA or WIA? <input type="checkbox"/> Yes <input type="checkbox"/> No    Receiving unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you exhausted unemployment insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check your current employment status:		
<input type="checkbox"/> Employed, full time	<input type="checkbox"/> Employed, part time	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Not in Labor Force, not actively seeking work prior to applying for this program		
Do you need to work because of a change in your marital status due to death, divorce or separation		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a current JOBS Program participant (within 6 mo.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many weeks out of the past 26 weeks have you worked?	What was the date you last worked?	Last hourly wage
Name of employer	Occupation	Hours per week
Reason for Leaving:		

**\*\*\* ALL APPLICANTS PLEASE SIGN THE FOLLOWING \*\*\***

**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 are held in confidence and are 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

**CERTIFICATION**

I certify that the information provided is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible for enrollment and could be prosecuted for fraud and/or perjury. I authorize release of this information for verification purposes and understand that it will be used to determine by eligibility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KIT Education and Career Development Staff

\_\_\_\_\_  
Date

**RECERTIFICATION**

Note: if more than 45 days have elapsed between the date of this application and the date of enrollment, a new application may be completed or this application may be updated, re-signed, and re-dated (not required for the SYETP program)

I/we certify that since the date of the initial application, the applicant has not obtained full-time employment, and none of the information has changed except where indicated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KIT Education and Career Development Staff

\_\_\_\_\_  
Date

**For Agency Use Only**

Total Income \$ \_\_\_\_\_ Net Income \$ \_\_\_\_\_

Date Received: \_\_/\_\_/\_\_ Date Input: \_\_/\_\_/\_\_ Reviewed and Input By: \_\_\_\_\_

Eligible \_\_\_\_\_ Not Eligible \_\_\_\_\_ Determined on: \_\_/\_\_/\_\_ Determined by: \_\_\_\_\_



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## Plan for Training to Employment

Last name	First	MI	Family Size	
Briefly summarize goal:				
Type of Training	Projected length of training	Name of Training		
Address	City	AK	Zip	Contact Number
First Goal to Employment:				
Second Goal to Employment				
Third Goal to Employment				
List client's responsibilities:				
WIA Program's responsibilities:				

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KIT Education and Career Development Staff

\_\_\_\_\_  
Date