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 maybe 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
Workforce Investment Act Comprehensive Services Application

**EDUCATION AND TRAINING**

Check the highest grade completed:
- □ Freshman in college
- □ No educational grades completed
- □ Sophomore in college
- □ Grades between 1-10 completed in
- □ Junior or Senior in college
- □ Elementary/secondary grade
- □ Bachelor’s Degree
- □ Completed 11th grade or went thru the
- □ 5 years of college
- □ 12th grade but did not receive a diploma
- □ 6 or more years of college
- □ High school graduate or equivalent (GED)

Education status:
- □ Student; attending high school or less
- □ Not attending high school; dropout
- □ Student, attending post high school
- □ Not attending high school; high school graduate

Have you received training under JTPA or WIA? □ Yes □ No
Receiving unemployment? □ Yes □ No

Have you exhausted unemployment insurance claim? □ Yes □ No

Check your current employment status:
- □ Employed, full time
- □ Employed, part time
- □ Unemployed
- □ 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?
- □ Yes □ No

Are you a current JOBS Program participant (within 6 mo.)? □ Yes □ No

How many weeks out of the past 26 weeks have you worked?

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Occupation</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What was the date you last worked? | Last hourly wage

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: ____________
# Plan for Training to Employment

<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>MI</th>
<th>Family Size</th>
</tr>
</thead>
</table>

Briefly summarize goal:

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Projected length of training</th>
<th>Name of Training</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>AK</th>
<th>Zip</th>
<th>Contact Number</th>
</tr>
</thead>
</table>

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