

KANA'S SUPPLEMENTAL YOUTH EMPLOYMENT APPLICATION

Required Paperwork:

- Completed **Application**
- Copy of **Tribal Verification**: Tribal Enrollment card, CDIB, or Letter from Tribal Council
- Copy of **Birth Certificate**
- Copy of **State Photo ID or Driver's License**
- **Selective Service**. All males born after 1960 who have reached their 18th birthday must be able to supply documentation stating they are registered with Selective Service. If you cannot provide a record, please contact your KANA case manager.
- **Income Documentation**: Any combination of tax returns, employment or check stubs, verification of employment, bank statements, proof of Native Dividends, TANF printout or other documents that will give a complete picture of the household income for the past 6 months. **Applicant priority and waitlist ranking is determined from the date of receipt of ALL necessary income documentation AND this completed application.** Listed Below is the 2015 70% Lower Living Standard Income Level.

Automatic Qualifiers for Program Include:

- Families receiving TANF
- Families receiving Food Stamps

All program households must meet or be below the poverty guideline to qualify for Supplemental Youth Employment. Household: Parent(s) and/or guardian(s) AND all dependent children; OR an individual household who is an emancipated minor or is over 18 years of age AND is not claimed on his/her parent(s) or legal guardian's previous year income tax return.

<u>2016 SYETP Income Guidelines</u>	
Persons in family/household	Income guideline
1	\$27,454.00
2	\$37,037.00
3	\$46,620.00
4	\$56,203.00
5	\$65,786.00
6	\$75,369.00
7	\$84,952.00
8	\$94,572.00
For families/households with more than 8 persons, add \$9,620.00 for each additional person.	

Please complete this Supplemental Youth Application and submit it along with all supporting documentation to the Kodiak Area Native Association (KANA) Employment, Training and Support Services program at the Near Island KANA building in person, by fax, email and/or mail the to: etss@kodiakhealthcare.org, 907-486-4829 or KANA Employment, Training and Support Services, 3449 Rezanof Drive East, Kodiak, AK 99615. Call (907)486-9879 with any questions.

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Today's Date:		Applicant's Age:			
Last Name:		First Name:		Middle:	
Mailing Address:			City:	State:	Zip
Home Phone:		Cell Phone:		Email:	
Date of Birth:		Social Security #:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Group:	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other _____	
Nationality:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Other _____	<input type="checkbox"/> Eligible Alien from: _____		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated

I am (check one):

- Dependent** - a person 18 years or under who is dependent upon their parent(s) or legal guardian OR a person 18 years or older and still living with their parent(s) or legal guardian and claimed on their previous income tax return.
- Independent** - a person who is not claimed on their parent(s) or legal guardian's previous income tax return.

Do you have an IEP? No Yes

Do you have any dependents (children)? No Yes # of Dependents: _____

	School Information:	Details			
<input type="checkbox"/>	High School Graduate or GED Recipient	Where:			
<input type="checkbox"/>	Not in school- Last Grade Completed:	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th
<input type="checkbox"/>	Student - Current Grade:	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th
<input type="checkbox"/>	College Student	<input type="checkbox"/> Vocational Training Student			

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FINANCIAL INFORMATION

THIS SECTION APPLIES TO HOUSEHOLD MEMBERS – PLEASE USE THE DEFINITION OF A HOUSEHOLD AS DESCRIBED ON THE FIRST PAGE OF THIS APPLICATION (USE THE BACK OF THIS PAGE IF NECESSARY)

Do you or your family receive TANF: No Yes
 Food Stamps: No Yes

Please list any state or public assistance payments that you or your family is receiving:

Name:	State or Public Assistance:	Amount:

List all household members with or without income. Income needed for past 6 months. Do not include Public Assistance or Unemployment Compensation:

Name:	Relationship:	Age	Source:	Total Income:
	Self/Applicant			

CERTIFICATION STATEMENT: I hereby certify that the information provided on this form is true to the best of my knowledge. I understand that I may have to provide documents to verify information and that KANA can check for authenticity of information. By signing this form, I permit any State, Federal, or Local Agencies, and former employers to release information about me in connection with this application. I understand that I may be prosecuted for fraud and for perjury for falsifying information to receive Federal benefits.

 Youth Applicant Name (print)

 Youth Applicant Signature

 Date

 Parent or Guardian Signature

 Date

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EMERGENCY CONTACT INFORMATION

(List two People who know how to get in touch with you and your family):

	Emergency Contact 1	Emergency Contact 2
Name:		
Address:		
City, State:		
Zip Code:		
Phone:		
Relation:		

Application Questions (Check Yes or No)	Yes	No
Have you been previously enrolled in a WIA or Summer Youth program? If yes: When: _____ Where: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you a foster child or ward of the State:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever committed an offense and been subject to any stage of the criminal justice process? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
What is your preferred method of contact? (phone, email, etc):		

Current Employment Information (Check Applicable Box)	Details
<input type="checkbox"/> Employed <div style="text-align: center; margin-left: 100px;"> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time </div>	Where:
<input type="checkbox"/> Unemployed	Last Day worked:
<input type="checkbox"/> Full-time Student (please list where)	
<input type="checkbox"/> Other (please explain)	

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PREVIOUS EMPLOYMENT & ASSESSMENT QUESTIONS

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Dates Employed: From: _____ To: _____ Last wage earned: \$: _____/hour

Position: _____

Description of Duties: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Dates Employed: From: _____ To: _____ Last wage earned: \$: _____/hour

Position: _____

Description of Duties: _____

Please list below any limitations (physical, educational, etc.) you may have that might lead to difficulties on the job:

1. What skills would you like to learn or develop during your summer employment training?

2. List several short term goals you have, or will establish, for yourself this summer AND several long term goals and why:

3. When you have free time for yourself, what do you do with your time?

4. Please list if you have a preference of where you would like to work or the type of work you want to do:

4. Additional Comments:

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KANA'S EMPLOYMENT, TRAINING AND SUPPORT SERVICES

GRIEVANCE PROCEDURES

Should you have a grievance or complaint about the service or lack of services that you receive or should receive as a participant or applicant, you must follow the steps listed below:

The 477 participant may file a grievance based on receipt of a formal disciplinary action, which includes, but is not limited to written warnings, suspension without pay, disciplinary demotion, termination of employment, discrimination, or violation of any employee's rights under the Indian Civil Rights Act.

No participant may file a grievance based on management policy, corrective counseling, or oral warnings.

Participants are required to bring problems, complaints, or grievances to the attention of the ETSS Department Manager, within (5) working days of the incident or situation to be grieved.

The participant must submit a written complaint explaining the situation being grieved and the desired action or remedy. The WIA Program Manager has five (5) working days in which to meet with and respond to the participant's complaint.

If the grievance is not resolved as a result of the meeting with the ETSS Department Manager, the participant may proceed to the next step. If the participant proceeds, they must, within five (5) working days of the unaccepted response, submit the written complaint and a grievance committee will be convened.

The committee has five (5) working days in which to meet with and respond to the participant's complaint. The decision of this committee shall be final.

If after using this procedure, the participant is not satisfied, they have the right to file a fully documented grievance to Secretary of the Interior through the Division of Workforce Development.

U.S. Department of the Interior
1849 Constitution Ave. NW
Washington, DC 20245

Youth Applicant Signature

____/____/_____
Date

Parent or Guardian Signature

____/____/_____
Date

Witness

____/____/_____
Date

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HOLD HARMLESS AGREEMENT

I understand that the Kodiak Area Native Association (KANA) will not be responsible for any accidents or injuries which may occur during the employment of my son, daughter, or a legal ward under the Workforce Investment Act (WIA), Supplemental Youth Program, except if the injuries are proven to be directly caused by the intentional act or gross negligence of KANA.

I also agree that KANA is not responsible for my youth's conduct during non-working hours.

I affirm that I am the legal guardian of the child whose name appears on the form and have the legal right to sign this agreement.

____/____/____

Parent or Guardian SIGNATURE

Date

STATEMENT OF CONDUCT OF RESPONSIBILITY

I understand that if offered a Supplemental Youth Program placement, I will comply with this agreement:

1. I am fully aware that the responsibilities of proper conduct, living arrangements, and meals are my own.
2. I promise to behave in a manner which will not bring harm to me or any other individual while I am under employment with KANA.

I understand that if I do not abide by this agreement, I may be immediately terminated.

____/____/____

Parent or Guardian Signature

Date

____/____/____

Program Staff Signature

Date

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PRIVACY ACT OF 1974 (PL 93-579)

NOTICE OF RECORD SYSTEM

The US Congress has passed a law that requires every federal agency maintaining records about people to inform each person, from whom information is obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Kodiak Area Native Association Employment Assistance Program, contracted by the US Department of the Interior, Bureau of Indian Affairs and the US Department of Labor, Workforce Investment Act.

The purpose of the forms asked of you is to enable KANA staff to provide comprehensive employment and vocational training services to the people we serve. In some instances you may choose not to answer the questions without risk to your rights and entitlement. However, by giving the information requested, we will be able to carry out our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence and is released only with your written permission. For reporting requirements, data from your file will be submitted to the funding agency. However, the information submitted is used solely for statistical reports.

I CERTIFY THAT I UNDERSTAND THE AUTHORITY BY WHICH INFORMATION IS ASKED OF ME, THE PURPOSE AND USES TO WHICH THAT INFORMATION WILL BE PUT, AND THAT PROVIDING ANY INFORMATION IS VOLUNTARY ON MY PART.

Signature of Youth Applicant

____/____/____
Date

Name of Youth Applicant: _____

SSN: ____/____/____

DOB: ____/____/____

PERSONAL RIGHTS & RESPONSIBILITIES

ACKNOWLEDGMENT OF RECEIPT

With regard to the following:

1. WIA Grievance Procedure (provided in application)
2. KANA Personnel and Policy Procedures (available at KANA)
3. Privacy Act of 1974 (provided in application)

THIS ACKNOWLEDGES THAT I HAVE READ THE ABOVE (#1-3) DOCUMENTS AND I HAVE BEEN PROVIDED WITH AN OPPORTUNITY TO DISCUSS WITH THEM AND ASK QUESTIONS OF THEIR SIGNIFICANCE. I AM SATISFIED THAT I HAVE AN UNDERSTANDING OF THEIR CONTENT AND HOW THEY APPLY TO ME AS A WIA APPLICANT.

Youth Applicant Signature

____/____/____
Date

Witness

____/____/____
Date