

**Bristol Bay Native Association**  
**Workforce Development Center**  
**P.O. Box 310**  
**Dillingham, Alaska 99576**  
**Toll free: 1-888-285-2262 or Local: 907-842-2262**  
**Fax: 907-842-3498**

**EMPLOYMENT & TRAINING FUNDING APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Message Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Work Permit Number? \_\_\_\_\_

Employment & Training Goals:

1. What specific job do you have in mind after completion of this program?

\_\_\_\_\_

2. What do you expect to gain from our program? \_\_\_\_\_

\_\_\_\_\_

3. Where do you plan on getting training? \_\_\_\_\_

\_\_\_\_\_

4. What specific training are you enrolled in? \_\_\_\_\_

\_\_\_\_\_

5. How long do you expect to attend this training program? Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

6. Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

7. What certification will you have upon completion of this training program? \_\_\_\_\_

\_\_\_\_\_

8. Have you previously received Employment & Training services from BBNA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answered yes, when & what type of services? \_\_\_\_\_

\_\_\_\_\_

## Education History

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
High School:			From:      To:	
Technical/Trade:			From:      To:	
College: (list all attended)				
Other Training Education:				

A. If you began, but did not complete a vocational/technical training program please explain WHY? (Be Specific)

## Employment History

Last or Present Employer		Nature of Business	Job Title:
Address:		Phone Number	
City	State	Zip Code	Brief Description of Job Duties:
Supervisor's Name			
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:
<hr/>			
Last or Present Employer		Nature of Business	Job Title:
Address:		Phone Number	
City	State	Zip Code	Brief Description of Job Duties:
Supervisor's Name			
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:
<hr/>			
Last or Present Employer		Nature of Business	Job Title:
Address:		Phone Number	
City	State	Zip Code	Brief Description of Job Duties:
Supervisor's Name			
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:

**Budget Information:**

Please include your training budget for the program you have applied for. Include only the budget information that is appropriate.

**Actual Costs:**

**Student's Contribution**

<u>Description</u>	<u>Amount</u>	<u>Description</u>	<u>Amount</u>
Tuition	\$ _____	Savings	\$ _____
Books/Fees	\$ _____	BBNA	\$ _____
Airfare	\$ _____	BBNC	\$ _____
Transportation	\$ _____	BBEDC	\$ _____
Room	\$ _____	Permanent Fund Dividend	\$ _____
Board	\$ _____	State (WIA)	\$ _____
Miscellaneous	\$ _____	Student (WIA)	\$ _____
<b>TOTAL</b>	\$ _____	Student Loan	\$ _____
		Other sources	\$ _____
		<b>TOTAL</b>	\$ _____

<b>AMOUNT REQUESTED FROM BBNA</b>	\$ _____
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\_\_\_\_\_  
Application Signature \_\_\_\_\_  
Date

**By signing this application I warrant that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBNA as a result of the information provided.**

*NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicants request for funding by BBNA.*

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**Authorization for Release of Information**

I hereby authorize the release of all information needed by BBNA Workforce Development Center contained in the City Councils, Village Councils, State, Federal, Private or Educational Agencies' records to the organization listed above:

*This information is needed for verification of eligibility for:*

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***PRINT FULL NAME***

This authority shall continue in effect until this client is no longer of BBNA's Workforce Development Center's Services.

Furthermore, that authorization is being given to the BBNA Workforce Development center to proceed on my behalf to provide employment assistance services included (but not limited to):

- 1. Referral to potential employers***
- 2. Inclusion in a Talent Bank/Skills Survey***

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***Social Security Number***

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***Date of Birth***

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***Signature***

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***Date***

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Photo Release of Authorization Form

I \_\_\_\_\_ hereby consent, without further consideration or compensation, to the use (full or in part) of all photographs, digital photos or any video taping made of me during WFD/Training events and/or activities, by BBNA or the employer I will be working with. For the purposes of internet web production to the web site [www.bbna.com](http://www.bbna.com) or any monthly reports, newsletters, annual reports. Further, I release BBNA or any employment and/or training agency and their members from any liability which may arise from the use of those materials.

I \_\_\_\_\_ DO NOT want photos of myself or my family published to the district website or any of the following listed above.

This **Release** will remain in full force and effect until withdrawn in writing by me.

Name: \_\_\_\_\_

Community \_\_\_\_\_

Position \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_