



Bristol Bay Native Association - Workforce Development
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262
Fax 907-842-3498 • www.bbna.com

YOUTH EMPLOYMENT ADDENDUM

Session 1 & 2 Application Deadline – Friday, May 17, 2019

Please select 1 session:

- Session 1: June 10th – July 12th**
- Session 2: JULY 15TH – AUGUST 16TH**
- Session 3: OCTOBER 1st-MAY 31st – **Depending on funding availability.****

Only complete applications will be considered contingent upon available funds. Incomplete applications will not be processed. Late applications will be reviewed but may not be accepted.

Thank you for your interest in BBNA's youth Employment Program. **This program is available for youth between the ages of 14-24.** The program is designed to help youth gain valuable work skills that will lead them to additional employment opportunities. We encourage youth to seek job placements in areas of interest to develop skills that will assist them in future job placements.

Youth ages 17 & younger need parent/guardian signatures on forms. Please review these forms with your child(ren) before submitting to BBNA. **(Ensure that all forms are completed, signed and dated.)** Use the checklists below to help you complete your application. Late or incomplete applications may not be eligible for work.

YOUTH APPLICATION REQUIREMENTS: (incomplete applications will delay employment)

- Complete BBNA Workforce Development Central Intake (2 Pages)
- Copy of Tribal Enrollment Card
- Copy of Driver's License or State ID
- Copy of Social Security Card
- Household Income (Copy of Recent Paystubs or Previous Years Tax Return)

Upon determination of eligibility BBNA Caseworker will be in contact with Youth to schedule interview and completion of Youth Employment Hire Packet. Youth may NOT begin work until all necessary documents have been submitted and BBNA Workforce has authorized hours, and worksite.

Questions about the program/applications please contact: 1-888-285-2262 or 907-842-2262

3 WAYS TO TURN IN YOUR APPLICATION

Mail COMPLETE Applications to
BBNA WFD Youth Employment Program
PO Box 310
Dillingham, Alaska 99576

Fax COMPLETE Applications to:
(907) 842-3498

OR

Turn in your completed application to the Village Council before May 17th.

Applicant's Central Intake and Short Employability Development Plan

Name: _____ Current Age _____
 (First) (Middle) (Last) (Also Known As - or Maiden name)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female

Present Mailing Address: _____
 (P.O. Box) (City) (State) (Zip Code)

Present Physical Address: _____
 (Street Address) (City) (State) (Zip Code)

Home Phone: (____) _____ - _____ Work / Cell Phone: (____) _____ - _____ Email Address: _____

Tribally enrolled at (please circle or indicate "other");

Aleknagik, Chignik Bay, Chignik Lagoon, Chignik Lake, Clarks Point, Dillingham, Egegik, Ekuk, Ekwok, Igiugig, Iliamna, Ivanof Bay, Kanatak, King Salmon, Kokhanok, Koliganek, Levelock, Manokotak, Naknek, New Stuyahok, Newhalen, Nondalton, Pedro Bay, Perryville, Pilot Point, Port Heiden, Portage Creek, South Naknek, Togiak, Twin Hills, Ugashik or Other _____

Marital Status: Single Single and living with significant other Married Separated Divorce Widowed

Family Status: Single Individual One Parent Family Two Parent Family Number dependents under 18 _____

Veteran? No Yes - Date of Discharge: ____/____/____ **Registered with Selective Service?** Yes No

Educational Status: High School Diploma - Year Graduated: ____ GED - Year obtained ____ OR Highest Grade Completed: ____

College/Vocational Graduate - Type of Degree: AA/AAS BA/BS MA/MS Other: _____ Year _____

Some BBNA WFD programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** Yes No

Applicant Ethnicity	Applicant Primary Goal (check one)	Applicant Secondary Goal (check one)
<p>(check one)</p> <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enter postsecondary Education or Job Training <input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a H.S. Diploma, GED or college degree <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Obtain Child Care Assistance <input type="checkbox"/> Obtain Alaska Driver's License <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a GED or Secondary School Diploma <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Obtain United States Citizenship Skills <input type="checkbox"/> Increase involvement in child's education <input type="checkbox"/> Increase involvement in child's literacy <input type="checkbox"/> Increase involvement in community activities <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____

Applicant Primary Status	Applicant Secondary Status	Institutional Programs
<p>(Check All That Apply)</p> <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed _____ <input type="checkbox"/> Collecting unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance (food stamps, general assistance, ATAP) <input type="checkbox"/> Living in a Rural Area	<p>(Check All That Apply -optional)</p> <input type="checkbox"/> Low Income <input type="checkbox"/> Homemaker <input type="checkbox"/> Pregnant <input type="checkbox"/> Single Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled Adult <input type="checkbox"/> Homeless <input type="checkbox"/> No Transportation <input type="checkbox"/> None of the above	<p>(Check All That Apply)</p> <input type="checkbox"/> In Correctional Facilities Release date _____ <input type="checkbox"/> Offender on Probation until _____ <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> On Third Party Custody Release Date _____ <input type="checkbox"/> In Specialized Treatment: (Substance Abuse, Behavioral Health, API etc.) release date _____ <input type="checkbox"/> None of the above

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential. I have read, understand and been given a copy of my rights and responsibilities Yes No

Signature: _____

Signature Date: _____

Guardian's Signature: _____

Signature Date: _____

Mailing Address: P.O. Box 310 Dillingham, AK 99576~ **Phone:** (907) 842-2262 ~ **Toll Free:** (888) 285-2262 ~ **Fax:** (907) 842-3498

Additional Skills of Applicant: check all that apply

Computer Skills	Commercial Driver's License	Plumbing
Fax Machine	Hazwoper Certification	Electrical
Copy Machine	Asbestos Certification	Laborer
Multi Line Phone	Carpentry	Fishing/Deckhand
10 Key Calculator	Mechanic	Child Care Provider
Word Processing	Excel	Other:

Household Members (Please list all household members)

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Relationship</u>	<u>Tribal Member of</u>	<u>Date of Birth</u>	<u>Social Security #</u>

Types of Income

- | | | |
|----------------------------------|------------------------------|--|
| WA Wages | TT Tribal TANF | FC Foster Care Payments |
| SEA Seasonal Work/Fishing | WC Worker's Compensation | BIA BIA General Assistance |
| SE Self Employment | BP Bingo/Pull Tab Winnings | SL Student Loans/Grants |
| DI Dividends | UI Unemployment | IN Interest |
| SSI Supplemental Security Income | TI Tips and Gratuity | CS Child Support & Alimony |
| SSA Social Security | RI Rental Income | APA Adult Public Assistance |
| PFD Permanent Fund Dividend | FLS Family Support (Explain) | PE Pension (other than Veteran's Benefits) |
| VB Veterans Benefits | GR General Relief | |
| CO Cash out Retirement/Pension | OT Other (Explain) | |

Household Income (Please list all household members income)

<u>Household member name</u>	<u>Type of Income</u>	<u>Gross Income</u>	<u>Form of Proof</u>	<u>Last Day of Work</u>	<u>Weekly/Monthly?</u>

Applicant Employer Name: _____ Phone # _____
 Do you own home or rent? _____ Landlord Name: _____ Phone # _____

I hereby certify that all information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds to denial of services and may lead to prosecution, fines and imprisonment Signed: _____ Date: _____