



AVT & JP&T

EMPLOYMENT ASSISTANCE APPLICATION CHECKLIST

Name: _____

Date: _____

Applicants must reside in King Cove, Alaska

Employment Assistance Application. Incomplete applications will not be processed.

1. _____ Contact Sheet
2. _____ Information Sheet
3. _____ Adult Vocational Training Agreement
4. _____ Release of Information
5. _____ Write two paragraphs and the Parental Consent Form (if under 18 years of age)

Please send with your application

1. _____ Proof of Enrollment in the Agdaagux Tribe
2. _____ Certificate Degree of Indian Blood (CIB)
3. _____ Letter of Acceptance from College/Institution

Comments: _____



CONTACT SHEET

Name: _____ S.S. #: _____ - _____ - _____

Address: _____

Phone #: _____ Cell#: _____

_____ D.O.B: _____

E-mail Address: _____

Status: Single Married Divorced Separated

List Dependents:

Name	Tribe	Relationship	D.O.B	Grade Completed

Have you ever been convicted of a felony? ____ Yes ____ No

If yes please list:

Name of ()Spouse ()Parent ()Guardian: _____

Address _____ Phone # _____

Occupation _____ Employer _____



INFORMATION SHEET

College, University, Technical or Business School Ever Attended

Institution	City/State	Degree Obtained	Dates Attended

Have you ever been required to withdraw from any of the above-listed Institutions? () Yes () No
 If yes, why? _____

Have you ever attended a BIA Program? (Vocational) () Yes () No
 If yes when and where? _____

Licenses/Certificate: what kind? _____

Employment History: Include ALL jobs within the past TEN years. Start with the last or present position.

Name of Employer Where Phone# Job Title Salary/Hourly Dates Reason for leaving



Adult Vocational Training Agreement

I, _____ having been accepted for Adult Vocational Training, agree to:

1. Do everything I can to receive all the training offered and follow all the rules, regulations and attendance requirements of the school giving the training, Bureau of Indian Affairs and the Agdaagux Tribal Council.
2. Talk with counselors of the Branch of Employment Assistance before I get involved in: Credit buying purchase of an automobile or luxury items, discontinuing training, leaving school for other than emergency absence, moving in with others, allowing others to move in with me, taking on any additional responsibilities, employment to be at the place of training, and intent to leave training destination.
3. Make myself available for and accept employment in the field or in a related field for which I was trained upon completing or discontinuance of training, such employment to be at the place of training or at a prearranged employment location.

The Agdaagux Tribe of King Cove, in accepting this application and upon my satisfactory performance of the above obligations, agrees to:

1. Furnish me financial assistance as needed for tuition, related costs and maintenance to accomplish the training objective and up to one month maintenance after completion of training for the purpose of seeking employment. The determination of all amounts of financial assistance shall be the responsibility of the Agdaagux Tribe of King Cove and will be on the basis of determined need and within the limitations established.
2. Make available advice and guidance for my best interest in accomplishing the objectives of training, housing and community living and furnish assistance in obtaining employment if this is not adequately by the school.

This agreement entered into the _____ day of _____, 20__

Applicant Signature

ATC Representative

Title



Authorization for Release of Information

I hereby authorize the release of all information concerning me to the Agdaagux Tribe of King Cove

To: Agdaagux Tribe of King Cove
PO Box 249
King Cove, AK 99612
Phone (907) 497-2648
Fax (907) 497-2803

This authority shall continue in effect until revoked in writing by the undersigned

Print Name: _____

SSN: _____

D.O.B.: _____

Village: _____

Signature

Date



Student Letter of Intent

Write two paragraphs: One about yourself & one regarding your training & goals.

Parental Consent (if under 18)

We, the undersigned, state and represent that we are (father, mother or legal guardian) of _____, residing at _____ a minor of the age of _____ years.

In the event that _____, requires, as part of any examination related to employment by it of said minor, a medical examination which may include the taking of a blood specimen, we hereby request that said examination be made, and hereby give our consent to such medical examination.

In the event said minor shall request or require of _____ medical or surgical treatment, we hereby request that whatever medical and/or surgical treatment is necessary by furnished said minor, and hereby give our consent to such treatment.

Father or Legal Guardian

Witness

Mother or Legal Guardian

Witness