Kawerak, Inc. Education, Employment & Training Division

□HE □DE □SS □VT □VBT □YEEP □ABE □GED □ESL □CNA □AVTEC **Todays Date**_____

Mailing Address: P.O. Box 948 Nome, AK 99762 ~ **Phone**: (907) 443-4358 ~ **Toll Free**: (800) 450-4341 ~ **Fax**: (907) 443-4485

Initial Intake & Short Employability Development Plan						
Name:					Current	Age
(First)	(Middle) (Last) (Also Know			As – or Maiden	name)	150
Social Security Number: Dat			e of Birth:/		Gender:	☐ Male ☐ Female
Present Mailing Address:			(01)			
D . D . 1 1 1 1		(Street Address or P.O. Box)		(City)	(State)	(Zip Code)
Present Physical Address	:	(Street Address)		(City)	(State)	(Zip Code)
Home Phone: ()		Work / Cell: ()	Email <i>A</i>	Address:		
Tribally enrolled at (please circle or indicate "other"): Brevig Mission - Council - Diomede - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo - Saint Michael Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain - Other						
Veteran? □ Yes □ No - 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						
Most Kawerak, Inc. EET programs and/or jobs are subject to drug testing. Are you willing to take a drug test? \square Yes \square No						
Applicant Ethnicity:				Applicant Secondary Goal: (check one)		
(check all that	☐ Obtai	n or Improve a Job		☐ Obtain or Improve a Job ☐ Retain Current Job		
apply) ☐ Alaskan Native		n Current Job		☐ Leave Public Assistance ☐ Educational Gain		
☐ American Indian		a High School Diploma or GED		☐ Earn a High School Diploma or GED		
☐ Caucasian		Postsecondary Education or Job	Training	☐ Enter Postsecondary Education or Job Training		
☐ Asian		ational Gain		☐ Obtain United States Citizenship Skills		
☐ African American		tional Gain		☐ Increase involvement in child's education		
☐ Hispanic or Latino		n Driver's License		☐ Increase involvement in child's literacy		
☐ Native Hawaiian		n Commercial Driver's License		☐ Increase involvement in community activities		
☐ Pacific Islander		stence Activities (carving, beading	-	☐ Subsistence Activities (carving, beading, sewing, etc.)		
☐ Other:	Other:			□ Other:		
I expect to meet this goal by:/				I expect to meet this goal by:/		
Applicant Status and Program Enrollment						
Applicant Primary Status			Applicant Secondary Status		•	
(Check All That Apply)		Last hourly wage:	(Check All That App	oly -optional)	(Check All That Ap	
☐ Disabled	\$		☐ Low Income		☐ In Correctional I Release date	Facilities (AMCC, etc.)
☐ Employed ☐ Worked 90 days or more -			□ Single Perent		☐ In Community C	Corrections (Seaside, etc.)
this calendar year		Unemployed since:			☐ In Other Instituti	
☐ Unemployed		/			(A.P.I., Substance	ce Treatment, etc.)
☐ Collecting unemployment						
☐ Not in the Labor Force		(☐ Learning Disable		☐ None of the above	
☐ On Public Assistance ←		(currently on □ None of the abov		e		
(ATAP, TANF, food stamps, general assistance)		months)				
Living in a Rural Area					<u> </u>	
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.						
Signature: Signature Date:						
Guardian's Signature: Signature Date:						
FOR OFFICE USE ONLY Date Received: Date Entered: Initials: Consumer #: Revised May 25, 2016						