

Kawerak, Inc. Education, Employment & Training Division

HE DE SS VT VBT YEEP ABE GED ESL CNA AVTEC **Today's 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 Known As – or Maiden name)
 Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female
 Present Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)
 Present Physical Address: _____
 (Street Address) (City) (State) (Zip Code)
 Home Phone: (____) _____ - _____ Work / Cell: (____) _____ - _____ Email 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?** Yes No

Applicant Ethnicity:	Applicant Primary Goal: (check one)	Applicant Secondary Goal: (check one)
(check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <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"/> Other: _____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Vocational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Obtain Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <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 High School Diploma or GED <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 Status and Program Enrollment

Applicant Primary Status	Applicant Secondary Status	Institutional Programs
(Check All That Apply) <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 ← (ATAP, TANF, food stamps, general assistance) <input type="checkbox"/> Living in a Rural Area	(Check All That Apply -optional) <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled Adult <input type="checkbox"/> None of the above	(Check All That Apply) <input type="checkbox"/> In Correctional Facilities (AMCC, etc.) Release date _____ <input type="checkbox"/> In Community Corrections (Seaside, etc.) Release date _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, 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.

Signature: _____ **Signature Date:** _____
Guardian's Signature: _____ **Signature Date:** _____