



**Kawerak, Incorporated**  
Education, Employment and Training Division  
P.O. Box 948  
Nome, AK 99762  
Phone: (907) 443-4399  
Toll Free: 1-800-450-4341  
Fax: (907) 443-4454  
Email: [eet.intake@kawerak.org](mailto:eet.intake@kawerak.org)

## **WORK EXPERIENCE/KAWERAK EMPLOYMENT ENHANCEMENT PROGRAM (KEEP)**

### **ELIGIBILITY CRITERIA:**

The purpose of these two programs are to provide applicants the opportunity to gain work experience, promote good work ethics and provide a public service to their community. In addition, the program will provide a transition from public assistance to employment. Kawerak, Inc.'s Education, Employment & Training Division (EET) is committed to local native development. Applicants must comply with the necessary requirements to be considered for services under the WE or KEEP Program. The KEEP Program is based on income eligibility; please contact the Work Force Development Specialist for more information.

### **APPLICANT PROCEDURES:**

Below is a checklist to ensure the applicant has submitted all required documents.

- ⇒ The applicant must complete an intake application with the EET Intake Coordinator and then become an active participant in the Employability Development Plan. Applications can be picked up at the EET Intake Office or by calling (907) 443-4399 direct, 1-800-450-4341 toll-free, or by email at [eet.intake@kawerak.org](mailto:eet.intake@kawerak.org).
- ⇒ The application is not complete without the following documents:
  - ❑ Tribal Enrollment Verification (all applicants must be Tribally Enrolled within the Bering Straits Region)
  - ❑ State Birth Certificate
  - ❑ Social Security Card
- ⇒ The applicant will be considered for placement at an appropriate work site once he/she is screened by the employment staff

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- Upon review of the client's Employability Development Plan, the applicant shall be placed at a work site determined by the employment staff.
- The applicant shall be in the program for no more than 24 weeks or six (6) months.
- **Progress Report:** The work site supervisor will submit the applicant's progress report along with the time sheets to the Work Force Development Specialist every two (2) weeks.
- **The applicant shall work in accordance to the "Work Site Agreement"** that is assigned by the Kawerak Employment Staff and by the employer. The applicant will contact the Work Force Development Specialist when a problem occurs at the work site.
- **Payment Method and Compensation:** The applicant shall be paid in accordance to the Kawerak Pay Schedule and shall be paid \$11.00 per hour. The applicant shall not exceed 40 hours per week, but work at least 20 hours per week.
- **Excused absences:** May be authorized by the work site supervisor or by the Kawerak EET Employability Staff.
- **Supervisor's Manual:** The work site supervisor will be provided with a Kawerak Supervisor's Manual.
- **Termination:** The applicant may be terminated by the work site Supervisor prior to the end of the Work Site Agreement and if possible will be given two (2) days written notice and should justify reasonable cause. Terminations must be approved by the Kawerak Work Force Development Specialist or the applicant's supervisor. At the end of the six-months training or upon dismissal the applicant will go through as exit interview with the Work Force Development Specialist.
- **Appeals Process:** The applicant will be provided with the Education & Employment Training Appeals Process.

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## WORK SITE RESPONSIBILITIES

The work site will enter a written agreement with Kawerak's EET Division if they wish to participate in the program. The employer may assume as much responsibility as they desire, with the approval of the Work Force Development Specialist. This includes recommendation of projects, monitoring applicant's activity, hours of service for the applicant and other terms and conditions they may be agreed upon. The employer shall be responsible for the following:

- The work site will be responsible for safe, sanitary and a drug-free environment. There will be adequate, full-time supervision of the applicant.
- The work site will provide a qualified supervisor and assign an alternate supervisor, including phone numbers of all supervisors.
- Equipment and materials will be provided to the applicant by the work site supervisor to perform all tasks as described in the work site agreement.
- The work site supervisor will accurately monitor the applicant's attendance and hours worked. The supervisor must submit the applicant's time sheets to the Kawerak's EET Division via fax on the pay period ending and mail the originals. The time sheets must contain both the supervisors and applicant's signatures.

Please do not hesitate to call our Toll Free number (800) 450-4341 with any questions or comments you may have and ask for the following:

JoAnn Kost  
Work Force Development Specialist  
Phone: (907) 443-4351  
Email: [wfd.spec@kawerak.org](mailto:wfd.spec@kawerak.org)

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## Completing an E.E.T. Division Application for Service

1. Please do not leave any items on the application blank; if it does not apply to you, write in N/A. All information you provide to us is kept strictly confidential.
2. Write in your social security number (used only for our filing process); date of birth; first, middle, last, and maiden/other name used; present mailing and physical address; home telephone number with an alternate phone number, and a current email address.
3. When we ask for **Tribal Membership** we are asking what tribe (IRA) you are enrolled in. Please contact the Intake Coordinator before completing this part of the application.
4. **VETERAN**: means you have served in the Military, National Guard, Navy, or other United States protection service and have been discharged.
5. If you are a male and at the age of 18 or over and have not registered to selective service, your local post office has applications for that process.
6. Indicate your current education status by checking either the High School Diploma or GED; write in your Highest Grade Completed if you did not achieve either of the diplomas. Check the College/Vocational Graduate if you have successfully completed either programs. Then indicate which type of degree you achieved.
7. Certain E.E.T. programs require drug testing, you may be subject to taking one. Depending on which service you are requesting, your application may be denied if you choose not to participate in this section of the application. Check with the Intake Coordinator if this is necessary.
8. **APPLICANT ETHNICITY**: Check one box indicating which race you belong to.
9. **APPLICANT PRIMARY GOAL**: Please contact the Intake Coordinator for more information.
10. **APPLICANT SECONDARY GOAL**: Please contact the Intake Coordinator for more information.
11. **APPLICANT PRIMARY STATUS**: Check all boxes that apply to you. If you are currently employed or have been employed, please indicate what your last hourly wage is or was. If you are unemployed, please indicate the date you last worked.
12. **APPLICANT SECONDARY STATUS**: This is optional and you do not have to provide this information if you do not want to.
13. **INSTITUTIONAL PROGRAMS**: Check off the Correctional Facility if you are incarcerated. Check off Community Corrections if you are in a controlled environment. Check off Other Institutional Settings if you are currently under full-time supervision.

***KEEP IN MIND: All information given to us is kept strictly confidential.***

**Please do not hesitate to contact the Intake Coordinator if you have any questions about this application. Our Toll-Free phone number is 1-800-450-4341. If you are in Nome, the phone number is 443-4399.**

Updated: 02/2005

**Kawerak, Inc. Education, Employment & Training Division**  
P.O. Box 948 Nome, AK 99762 ~ Phone: (907) 443-4399 ~ Toll Free: (800) 450-4341 ~ Fax: (907) 443-4454  
**Initial Intake and Short Employability Development Plan**

<b>* DISCUSS WITH INTAKE COORDINATOR</b>	<b>Applicant Demographics</b>	Today's Date: ____/____/____
Social Security Number: _____ - _____ - _____      Date of Birth: ____/____/____      Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(First)</span> <span>(Middle)</span> <span>(Last)</span> <span>(Also Known As)</span> </div>		
Present Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(Street Address, P.O. Box)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div>		
Present Physical Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(Street Address)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div>		
Home Phone: (____) _____ - _____      Work / Alternate Phone: (____) _____ - _____      Email Address: _____		
*Tribally enrolled at: KTS - DIO - ELI - GAM - GLV - KKA - OME - SVA - SKK - SHH - SMK - WBB - TLA - UNK - WAA - WMO Other: _____		
Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes      Date of Discharge: ____/____/____      Registered with Selective Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Status: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED      Year Graduated: _____ OR Highest Grade Completed: _____		
<input type="checkbox"/> College/Vocational Graduate      Type of Degree: <input type="checkbox"/> AA/AAS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Other: _____      Year: _____		
Most Kawerak, Inc. EET programs and/or jobs are subject to drug testing. Are you willing to take a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> NO		

Applicant Ethnicity (check one)	*Applicant Primary Goal (check one)	*Applicant Secondary Goal (check one)
<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 GED or Secondary School Diploma <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 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 Status and Program Enrollment			
Applicant Primary Status		Applicant Secondary Status (optional)	Institutional Programs
<i>(Check All That Apply)</i> <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 ← <small>(food stamps, general assistance, ATAP)</small> <input type="checkbox"/> Living in a Rural Area	Last hrly wage: \$ _____  Unemployed since: ____/____/____  <small>(currently on or received in last six months)</small>	<i>(Check All That Apply)</i> <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	<i>(Check All That Apply)</i> <input type="checkbox"/> In Correctional Facilities (AMCC, etc.) <input type="checkbox"/> In Community Corrections (Seaside, etc.) <input type="checkbox"/> In Other Institutional Settings (A.P.I., etc.) <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: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Revised: 04/28/2004	<input type="checkbox"/> Youth (-21) <input type="checkbox"/> Adult (22-59) <input type="checkbox"/> Elder (60+)
Date Received: _____	Date Entered: _____	Initials: _____      Client #: _____

**ATTACHMENT A:**

**HOUSEHOLD INFORMATION**

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Household Information:** List all persons currently living permanently in the household with the information requested for each person (yourself, spouse, boyfriend, girlfriend, children, grandparents, aunts, uncles, etc.)

Full Legal Name	Relationship	Birth date	Monthly Income	Work or School Schedule
	Applicant / Self			

**FINANCIAL ANALYSIS:** Check all areas indicating all types of income received by everyone in the household:

- Unemployment
- Social Security
- Wages - List Employer (s): \_\_\_\_\_
- ATAP
- Veteran Disability
- Food Stamps
- Longevity Bonus
- General Assistance
- Other \_\_\_\_\_

**Total Yearly Average Net Income for everyone in household: \$** \_\_\_\_\_

**Household Type:**     Own     Mortgaged     Rental     Relative's     Other \_\_\_\_\_

**Estimate the total monthly expenses spent by all household residents (proof of expenses may be requested of applicant) :**

Food ..... \$ \_\_\_\_\_ Gasoline..... \$ \_\_\_\_\_ Rent / House Payment ..... \$ \_\_\_\_\_  
 Heating Oil ..... \$ \_\_\_\_\_ Water ..... \$ \_\_\_\_\_ Cable Television ..... \$ \_\_\_\_\_  
 Phone (not long distance) \$ \_\_\_\_\_ Propane..... \$ \_\_\_\_\_ Electricity / Utility..... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_ Other ..... \$ \_\_\_\_\_ Other ..... \$ \_\_\_\_\_

**Summer Youth Participant Only:**

Do you provide 50% or more support to any person other than yourself?     Yes or  No

Do you receive 50% or more support from other family members living with you?     Yes or  No

**Attachment C: EMPLOYMENT HISTORY, UNPAID WORK SERVICE AND SELF - EMPLOYMENT**

Please give specific details and duties you performed through past employment, volunteering and self-employment. The information you give will be used to create your Resume. List the most recent job first.

**1. Job Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**2. Job Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**3. Job Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**4. Job Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**5. Job Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Kawerak, Inc Education, Employment & Training Division  
Employability Development Plan

Participant Name: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security No: \_\_\_-\_\_\_-\_\_\_ Client No.: \_\_\_\_\_

1. I have the following barriers that keep me from being employed: \_\_\_\_\_  
\_\_\_\_\_
2. Description of the work employment or goal that I seek: \_\_\_\_\_  
\_\_\_\_\_
3. My qualities, skills, and strengths that support this goal: \_\_\_\_\_  
\_\_\_\_\_
4. This is how I want my counselor to be involved throughout my plan: \_\_\_\_\_  
\_\_\_\_\_
5. I plan to accomplish my goal by: \_\_\_\_\_  
(Date)
6. These are the services I am requesting:

Start date	Activity/hrs per week	Arranged by	Review date	Cost	Paid by	Initial
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

7. After my plan is completed these are the services that I may need: \_\_\_\_\_  
\_\_\_\_\_
8. These are the conditions that I will abide by in order to receive services: \_\_\_\_\_  
\_\_\_\_\_

By signing below, I verify that I have chosen the above education or employment goal along with the services and organizations that will provide me with the tools to accomplish my goal. I agree to let the Counselor know when I move, change my phone number, get married, get a job, or need to make changes to this plan. I also agree to apply for work during or immediately following this plan.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT THE PROGRAM CASE MANAGER TO COMPLETE THIS FORM**

**Kawerak, Inc.**  
**Education, Employment and Training Division**

**Appeals Process**

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (20) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the Assistant Vice-President of the Kawerak, Inc. EET Division requesting a hearing and explaining the reasons for which the hearing is requested.

When a hearing is requested, the appropriate EET Specialist will submit a written statement regarding the issue(s), facts and policy upon which the decision was based to the Assistant Vice-President of the EET Division. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant has the right to be represented by someone of his/her choice including an attorney at his/her expense.

The applicant may appear in person at the designated time and place of the hearing, however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place.

Arrangement may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on the available written information.

Individuals filing an appeal shall be informed:

- 1) Of the Assistant Vice-President's decision within five (5) days of the hearing and,
- 2) Any further avenues of appeal

Upon extenuating circumstances, the Assistant Vice-President may reschedule hearings.

**Kawerak, EET Division ♦ P.O. Box 948 ♦ Nome, AK 99762**  
**907-443-4399 Phone or 1-800-450-4341 Toll-free ♦ 907-443-4454 Fax**

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**KAWERAK, INC. EDUCATION, EMPLOYMENT & TRAINING DIVISION  
SUBSTANCE ABUSE POLICY**

**A. Purpose of Policy**

Kawerak, Inc. is committed to maintaining a productive, safe and healthy training & employment environment free from the abuse of drugs and alcohol. Drugs and alcohol are barriers to employment, and due to limited resources to provide training and employment services, Kawerak, wishes to ensure that its funds are utilized by individuals who will successfully complete training, and are able to secure employment upon completion. When trainees fail to complete programs due to substance abuse or alcohol abuse, or cannot obtain employment because of the required drug testing by employers, the funds expended by Kawerak, Inc. are wasted.

**B. Prohibition on Abuse of Controlled Substances and Alcohol**

The use, possession, distribution, or sale of controlled substances by Kawerak funded trainees is prohibited. The consumption of alcohol and/or being under the influence of alcohol during training activities is prohibited.

**C. Pre-Screening**

Applicants considered for participation in vocational and certification-training programs shall be tested for controlled substances prior to financial assistance being made available.

Employment referrals that request Direct Employment Assistance to participate in pre-employment orientation and screening shall be tested for controlled substances prior to financial assistance being made available.

Testing positive for controlled substances will disqualify and applicant from receiving direct employment and training services.

**D. Termination of Services**

Trainees attending Kawerak funded employment or training programs may be terminated from the program, and disqualified from future training programs if convicted of a crime involving a controlled substance or alcohol abuse.

Kawerak may terminate participants and disqualify them from consideration for future employment or training programs if: (1) they are terminated from an educational or training program due to abuse of controlled substances or alcohol, or (2) if the educational or training institute provides credible information that the individual is abusing controlled substances or alcohol while participated in a program funded by Kawerak.

**E. Due Process**

The Education, Employment and Training Substance Abuse Policy will be attached to the EET application for services. After consideration of an application and completion of assessment, the applicant will be contacted, and EET will schedule a time for the applicant to take the urine test. All testing information will be kept in a secure location and will be kept confidential.

A trainee who is terminated for substance or alcohol abuse after the start of a training program may appeal the termination decision in accordance with the Education, Employment & Training Division appeals process.

**F. Scope of Policies**

This policy applies to applicants requesting financial assistance to enable participation in training programs, or those requesting employment referrals and direct employment assistance funds. The pre-training urine test will be a requirement for qualifications of these services.

3/99  
Approved 4/9/99

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