



**DOUGLAS INDIAN ASSOCIATION**  
**Tribal Government**

811 West 12<sup>th</sup> Street, Juneau, Alaska 99801-1529  
 Phone: (907) 364-2916 Fax: (907) 364-2917



**APPLICATION FOR JOB VOCATIONAL TRAINING**

Thank you for your interest in DIA's Job Vocational Training program. We look forward to working with you on accomplishing your workforce goals! Our programs provide supportive services to DIA tribal members interested in increasing their employability. On the following page, you will find a checklist of required documents that **must** be submitted before your application can be processed by staff.

**What to expect after you submit your application**

The job placement and Training program assists eligible applicants in obtaining job skills so they can secure employment and become self-sufficient.

- Training may not exceed 24 months of full-time actual training hours.
- Registered Nurse training may not exceed 36 months of full-time actual training hours.
- Training must lead to permanent and gainful employment

**Eligibility**

- Applicant must reside in Douglas Indian Association's service area.
- Applicant must show financial need (difference between available resources and cost of training).

Schedule and attend an appointment with the DIA's Social Services to:

- Review application and documents
- Determine eligibility for the following programs

<b>Direct Employment Services</b>	<b>Vocational Training Grant</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Supplemental assistance for:               <ul style="list-style-type: none"> <li>• GED testing fees</li> <li>• Interview Clothing</li> <li>• Work clothing</li> <li>• Work Tools</li> <li>• Courses that lead to increased employability.</li> </ul> </li> <li><input type="checkbox"/> Interview clothing for unemployment tribal members.</li> <li><input type="checkbox"/> Work clothing or work tool vouchers for tribal members newly employed within the last 60 days.</li> <li><input type="checkbox"/> Applicants <b>must</b> have started their job within the last 60 days to qualify for work clothing or work tool vouchers.</li> <li><input type="checkbox"/> Applicants seeking assistance with tuition for a course must provide a job description or other documentation that demonstrates how the course will enhance employability.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> One-time grants for tribal members pursuing training at accredited training centers for programs leading to a certificate or license.</li> <li><input type="checkbox"/> Individuals <b>must</b> reside in the Douglas Indian Association service area and be at least 18 years old with parental consent or 19 years of age.</li> <li><input type="checkbox"/> Applications must be submitted four (4) weeks before the training begins</li> </ul>

**Please keep this page for your records**

## JOB VOCATIONAL TRAINING APPLICATION INFORMATION

Application processing times vary depending on the program. Please do not depend solely on this program to assist you as you may not receive assistance (if you are eligible) in time to meet your immediate needs. The program is funded by the Bureau of Indian Affairs (BIA) and is operated by the Douglas Indian Association Workforce Development. The program has specific rules and regulations that must be followed to continue to receive funding and provide these services. There are many documents required prior to determination of your eligibility and issue assistance.

### CLIENT RIGHTS AND RESPONSIBILITIES

The client has a right to:

- Be treated with respect.
- Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference or age.
- Be treated without regard to disability unless treatment being provided makes treatment hazardous to the individual.
- Have all personal information treated in a confidential manner.
- Review his/her file with appropriate staff present.
- Be fully informed regarding all fees associated with his/her services received from DIA.

The client has the responsibility to:

- Treat DIA staff with respect.
- Be accurate and complete as possible when providing information to a DIA staff person.
- Carryout DIA program rules and regulations related to the program he/she is applying for.
- Actively participate in decisions and perform those activities made in the decision-making process regarding any services received from DIA.
- Inform staff of any changes in client information, i.e., name, address, or income changes, etc.
- Ask for clarification regarding any services received from DIA that he/she does not understand.
- Respect DIA's status as alcohol-, drug- and smoke-free facilities.
- **Applicants under the influence of alcohol or illegal substances will not be served until they return sober.**

### CLIENT GRIEVANCE PROCEDURES

A procedure has been established and maintained by the Douglas Indian Association (DIA) to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights. No specific form is necessary to file a grievance; however, a grievance must be in writing. You must clearly state the problem(s) by detailing the actions taken or not taken by DIA staff and outline possible solutions and/or resolutions.

**Step 1:** Submit a complaint in writing to the DIA Social Services Department. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Education and Training Director shall, within 10 days of receipt of the complaint, issue a written decision and inform the client of the opportunity to further appeal the matter outlined in Step 2 below.

**Step 2:** If unsatisfied with the written decision by the DIA Social Services Department, submit an appeal in writing within thirty (30) days of Step 1, to the DIA Tribal Administrator, 811 West 12<sup>th</sup> St, Juneau, AK 99801.

<b>I have read and understand my rights and responsibilities as a client of Douglas Indian Association. I have read and understand the client grievance procedure in place at Douglas Indian Association.</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>



# DOUGLAS INDIAN ASSOCIATION

## Job Vocational Training Application




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Date Last Name First Name Middle Initial

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Street address City State Zip Social Security

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Mailing address City State Zip Gender

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Cell Phone Message Phone Email Address

Program Applying for:  Clothing/tool voucher  GED testing fees  Course fees  Vocational training grant

Have you ever worked for DIA? If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? If yes, when? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### EDUCATION

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High school City State Graduation date

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If GED provide program information City State Date obtained

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College or other Post-Secondary City State Program

### REFERENCES: Please list three (3) individuals who can attest to your dependability and ability to adhere to commitment

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Full Name Company Association Phone

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Full Name Company Association Phone

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Full Name Company Association Phone

**Employment #1**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

**Employment # 2**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

**Employment # 3**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

**Military Service**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
If other than honorable, please explain: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date received \_\_\_\_\_

## FINANCIAL INFORMATION

\*\*\* AVT Financial needs analysis based on monthly income and expenses\*\*\*

Resources		Expenses	
Income	\$	Rent/House Payment	\$
ATAP	\$	Utilities	\$
Food Stamps	\$	Transportation	\$
Unemployment	\$	Clothing	\$
Social Security	\$	Tools	\$
Disability	\$	Childcare	\$
Other	\$	Other	\$
Total \$		Total \$	
Additional Comments you would like us to know regarding your budget: _____			

\*\*\*\*MALES ONLY\*\*\*\*

## SELECTIVE SERVICE

### Self Certification

Section 3(a) of the Military Selective Services Act requires that male citizens of the United States who were born after December 31, 1959 and are between the ages of eighteen (18) and twenty-six (26) MUST register for the Selective Service.

Section 504 of the Employment and Training Programs require that all participants be in compliance with the Military Selective Services Act registration requirements.

I realize that I cannot be service under the Employment and Training Programs unless I have registered with the Military Selective Service. I further understand that the Douglas Indian Association as an Employment and Training Grantee can verify my registration with the Selective Service System and if I am found not registered, I can be terminated from the program. I also understand that if I falsify information I can be prosecuted for fraud.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Are you exempt from Selective Service? _____ Yes _____ No	Registered for the Selective Service? _____ Yes _____ No
Place of registration	Registration number
Branch of Service	Type of Service
Type of Discharge	

## TRAINING

Are you a current student? _____ Yes _____ No	Have you had previous training? _____ Yes _____ No
Type of Training desired:	Training location desired:
Do you have any physical limitation that would interfere with Your training: If yes, explain.	Name of Institution
Course Number	Institution Address
Title	Institution City <span style="float: right;">Institution State</span>
Date school begins	Institution Zip Code
Length of School	Beginning Date
Ending Date	
A. Have you addressed the following needs while in School?  Housing _____ Yes _____ No  Travel _____ Yes _____ No  Bills _____ Yes _____ No  If you plan to pay these, explain how:	B.  Childcare _____ Yes _____ No  Medical needs _____ Yes _____ No  Living Expenses _____ Yes _____ No  If you plan to pay these, explain how:
Please give a brief summary of your education /training plans:	
Do you have employment after training is complete? _____ Yes _____ No	When will employment begin?
Name of employer:	Employment Location:
If you are unable to attend school, would you consider On-the Job-Training or Work Experience: _____ Yes _____ No	

## EMPLOYMENT

Type of employment desired	Do you have any physical limitation that would interfere with your employment? If yes, please explain.
Desired employment location:	Are you willing to relocate for employment if necessary? _____ Yes _____ No
Currently employed? _____ Yes _____ No	Receiving unemployment: _____ Yes _____ No

## Training Agreement

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I selected.

I further agree that the funds issued me for training purposes by Douglas Indian Association or the Bureau of Indian Affairs will be secured or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, student Basic Education Opportunity Grants (BEOG), etc., this will be included when computing my financial aid packet and I agree to use those funds for the purpose intended.

I am required to submit progress reports, grades and certifications as agreed upon in their Training Agreements and must maintain a GPA of 2.0 and higher. If I fail to meet the GPA requirement, or satisfactory progress, I will be required to complete a semester without funding and until my grades are satisfactory. I understand that continuing students who meet academic requirements will be given priority.

I understand I am obligated to talk with counselors at the education office at the Douglas Indian Association before dropping out or changing plans. The Social Services Office must be kept informed of all changes in educational plans for continued eligibility. If there is an emergency, I will notify the DIA within 48 hours.

If I fail to complete my classes for any reason, I understand that I will be obligated to pay back to the Douglas Indian Association the amount that was paid on my behalf for the failed Program or semester. (Which ever applies to my program).

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Applicant's Signature

---

Date

# Plan for Employment and Training Activities

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Family Size \_\_\_\_\_

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Number under 18: \_\_\_\_\_ Number under 5: \_\_\_\_\_ Marital Status: \_\_\_Single \_\_\_Married \_\_\_Divorced

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Briefly summarize goal \_\_\_\_\_

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Type of Training \_\_\_\_\_ Projected length of training \_\_\_\_\_ Name of School \_\_\_\_\_

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Plan Address \_\_\_\_\_ Plan City \_\_\_\_\_ Plan State \_\_\_\_\_ Plan Zip \_\_\_\_\_

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List all services referrals that apply:

Child care \_\_\_\_\_

GA / ATAP / Food Stamps \_\_\_\_\_

Transportation \_\_\_\_\_

Medical / Dental \_\_\_\_\_

---

List your short term goals: \_\_\_\_\_

---

List your long term goals: \_\_\_\_\_

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List client responsibilities: \_\_\_\_\_

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Job Training program responsibilities: \_\_\_\_\_

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Applicant's signature

---

Date

---

Applicant's signature

---

Date





# DOUGLAS INDIAN ASSOCIATION

## Tribal Government

811 West 12<sup>th</sup> Street, Juneau, Alaska 99801-1529

Phone: (907) 364-2916 Fax: (907) 364-2917



### Budget Forecast

- This form should be completed only after receiving results from Free Application for Federal Student Aid (FAFSA).
- The first page of this form is to be completed by the student. The second page should be completed by the school Financial Aide Officer.
- Once this form has been filled out in its entirety, the complete form should be mailed or faxed by to Douglas Indian Association Attention: DIA Accountant

#### GENERAL

Last Name	First Name	MI	Phone number	Student ID	
Mailing Address	City	State	Zip		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow(er)
Number of dependants:	College/University				
Major/Emphasis	Forecasted graduation date:				
I have earned _____ credits to date. I plan for _____ credits this term.					
I give my permission for the school listed above to give my financial information to the Douglas Indian Association.					
_____ Applicant's Signature			_____ Date		

# BUDGET FORECAST

\*\*\*\*This section should be completed by the school Financial Aid Officer\*\*\*\*

Forecast for term beginning: \_\_\_\_\_ and ending \_\_\_\_\_

## Anticipated Resources

## Anticipated Expenses

Alaska Native Scholarship	\$	Tuition	\$
BEOG	\$	Fees	\$
College/Univer Scholarship	\$	Dorm room deposit	\$
Parent Contribution	\$	Rent	\$
Private Scholarship	\$	Board	\$
Salary/part-time employment	\$	Meals	\$
SEOG	\$	Books	\$
Social Security Administration	\$	Supplies	\$
State Student	\$	Tools	\$
Student Contribution	\$	<b>Transportation (Itemize)</b>	
Tuition Grant (Alaska)	\$		\$
Veterans Administration	\$		\$
Vocational Rehabilitation	\$		\$
Work Study Scholarship	\$		\$
Workforce Investment	\$	Total transportation expenses	\$
<b>Federal Resources</b>	\$	Other Expenses	\$
Federal Pell Grants	\$	<b>TOTAL EXPENSES</b>	\$
FSEOG	\$	Subtract TOTAL RESOURCES	\$
FWS	\$	<b>TOTAL NEED FROM BIA</b>	\$
Perkins Loans	\$		
Stafford Loans	\$		
SLS	\$		
Other resources	\$		
Total resources	\$		

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Financial Aid Officer \_\_\_\_\_

Date \_\_\_\_\_

## Job Vocational Training

## Employment Verification

**For use with work clothing or tool voucher applications only**

Last name

First Name

Middle initial

Cell phone

Message phone

**This section below must be completed by the employer**

**Thank you for completing this verification for the employee above.**

<b>*Job position/title</b>					
<b>Hourly wage</b>		<b>Start date</b>		<b>End date</b>	
<b>Days per week</b>		<b>Day of first pay</b>			
<b>*Is this job seasonal or temporary?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, when will it end?</b>	
<b>*Is this a permanent or regular position?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>*Are special work clothes or tools required? (Such as scrubs, rain gear, work boots, etc.)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*Does the employee have the necessary special work clothes?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*If no, please describe the special clothes or tools required?</b>					
<b>Employer or company name</b>					
<b>Supervisor's name</b>					
<b>Supervisor's title or position</b>				<b>Phone</b>	
<b>Signature</b>			<b>Date</b>		

**\*Applications cannot be processed if questions with asterisks are not answered\***



# DOUGLAS INDIAN ASSOCIATION

811 West 12<sup>th</sup> Street Juneau, AK. 99801

Phone: 907-364-2916 Fax: 907-364-2917



## Job Vocational Training Release of Information

I, \_\_\_\_\_, hereby authorize the release of information requested by the Douglas Indian Association Job Training department. The requested information shall be used solely in the administration of Workforce Development programs and will not be released to any other person or agency outside the Workforce Development department or its agents. I hereby authorize Douglas Indian Association to obtain and exchange information related to my applications to participate in their programs and to arrange for such participation based on my employability assessment and plan employment related activities. This release of information shall be in effect while I am an applicant or recipient of DIA Job Training services and for any later investigations pertaining to my eligibility and receipt of DIA Job Training services.

Persons or organizations that may be contacted:

- Departments and programs within and administered by the Douglas Indian Association
- Department of Public Safety
- Department of Health and Social Services
- Public assistance program contractors and grantees
- Employers

By checking the box(es) below I authorize Douglas Indian Association Job Vocational Training department to contact the following persons or organizations:

- |   |   |
|---|---|
| <input type="checkbox"/> Department of Law              | <input type="checkbox"/> Tax assessors                  |
| <input type="checkbox"/> Department of Fish & Game      | <input type="checkbox"/> Health care providers          |
| <input type="checkbox"/> Department of Labor            | <input type="checkbox"/> Financial institutions (banks) |
| <input type="checkbox"/> Department of Military Affairs | <input type="checkbox"/> Native corporations            |
| <input type="checkbox"/> Alaska Housing Authority       | <input type="checkbox"/> Stock brokerage firms          |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Landlords                      |
| <input type="checkbox"/> Local and tribal governments   | <input type="checkbox"/> Private individuals            |

**A reproduction of this release is as valid as the original Release of Information and is valid for one year.**

<b>Applicant Signature</b>	<b>Signature of Other Adult in Household</b>
<b>Printed Name</b>	<b>Printed Name of Adult</b>
<b>Social Security Number</b>	<b>Social Security Number</b>
<b>Date</b>	<b>Date</b>

*Anax Yaa Andagan Ye- Sayeik  
Where the Sun Rays Touch First- Spirit Helper*

# JOB VOCATIONAL TRAINING APPLICATION CHECKLIST

**-THIS PAGE IS FOR STAFF USE ONLY-**

<b>Client name:</b>			
	<b>Required Documentation</b>		
ALL APPLICATIONS	Completed application – I am applying for: <input type="checkbox"/> <b>Work clothing or tool voucher</b> ○ Have you started your job in the last 60 days? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> ○ If yes, please have supervisor fill out Employment Verification (last page) <input type="checkbox"/> <b>Interview clothing voucher</b> ○ Are you currently unemployed? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>GED testing fee assistance</b> <input type="checkbox"/> <b>Employability course fee assistance</b> <input type="checkbox"/> <b>Vocational training grant</b> ○ Applications must be submitted 4 weeks before training begins.	□	
	Copy of Tribal Enrollment Card or Document-----	□	
	Copy of ID/Driver's License-----	□	
	Copy of Social Security Card-----	□	
	One year Proof of Residency ( <i>one of the following</i> ) <input type="checkbox"/> Rent/mortgage/moorage receipt or agreement <input type="checkbox"/> Paystub with address <input type="checkbox"/> Utility bill receipt <input type="checkbox"/> Meet with staff if unable to provide any documents listed above	□	
		□	
	<b>Work clothing or tool vouchers only:</b>		
	Employment Verification (page 7) ( <i>filled out by supervisor</i> )	□	
	<b>GED testing fee assistance only:</b>		
	Testing fee information from testing site	□	
<b>Employability course fee assistance only:</b>			
Job description or letter from potential employer stating course(s) provide necessary education or training to quality and apply for employment	□		
<b>Vocational training grants only:</b>			
Diploma, GED, or university transcripts ❖ University transcripts must show receipt of a degree	□		
Proof of Vocational Training Enrollment or Registration	□		

*Anax Yaa Andagan Ye~ Sayeik  
Where the Sun Rays Touch First~ Spirit Helper*