

# ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

Thaddeus Tikiun Jr., Chairperson | Vivian Korthuis, CEO | AVCP.org



## Tribal Workforce Development

101 A Main St., PO Box 219, Bethel, AK 99559 | T 907.543.7449 | F 907.543.7498

*Growing Our Own*

## Tribal Workforce Development *Employment Assistance Program*

### Deadlines:

*Employment Assistance*

**At-least two weeks prior to 1<sup>st</sup> paycheck**

### Description of Services:

*Services are provided to individuals who are starting new full-time, permanent employment. Individual must have been unemployed for at least 7 days or is accepting employment with a higher wage. Eligible individuals can receive \$2000.00 in assistance through the Employment Assistance Program.*

*Employment Assistance can be used towards 1<sup>st</sup> month rent, grocery/living expenses, utilities, transportation and/or to purchase work- related clothing and tools.*

**Mail your application to:**  
Tribal Workforce Development  
PO Box 219  
Bethel, Alaska 99559  
[tribalworkforcedevel@avcp.org](mailto:tribalworkforcedevel@avcp.org)

### Or drop your application off at your nearest Job Center:

Akiachak	Chefornak	Kalskag	Marshall	Nunapitchuk	
Akiak	Chevak	Kasigluk	Newtok	Pilot Station	Tuluksak
Alakanuk	Eek	Kipnuk	Mountain Village	Quinhagak	Toksook Bay
Aniak	Emmonak	Kongiganak	Napakiak	Russian Mission	Tuntutuliak
Atmautluak	Goodnews Bay	Kotlik	Napaskiak	Scammon Bay	Tununak
Bethel	Hooper Bay	Kwethluk	Nightmute	St. Mary's	

### Application Requirements

- ☐ Complete Employment Assistance Application
- ☐ Copy of Tribal ID card or tribal enrollment verification form
- ☐ Military Selective Service—Men ages 18—25 must provide proof of filing

### Employment Assistance:

#### ***Submit the following:***

- ☐ Employment Verification Form
- ☐ Offer Letter
- ☐ Landlord Verification
- ☐ Most Recent Pay Stub

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### Part 1. Personal Information

Name:		SSN:	
Mailing Address:			
Physical Address:			
City/State:		Zip Code:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	
Phone Number:		Email:	

Are you enrolled in a Federally Recognized Tribe? ☐ Yes ☐ No

If yes, which Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Are you currently receiving TANF? ☐ Yes ☐ No Are you a youth (24-years-old or younger)? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No Males age 18 to 25, your Selective Service Number: \_\_\_\_\_

### Part 2. Individual & Family Self-Sufficiency Plan

*Check off any barriers or needs for Education, Employment and/or Training listed below:*

<input type="checkbox"/> Learning materials	<input type="checkbox"/> Limited English	<input type="checkbox"/> Employed with low income	<input type="checkbox"/> No GED
<input type="checkbox"/> Lack work history	<input type="checkbox"/> No Driver's License	<input type="checkbox"/> In Treatment	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Any Disability	<input type="checkbox"/> Need Clothing	<input type="checkbox"/> No Housing	<input type="checkbox"/> Child Care
<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Need Funding	<input type="checkbox"/> No Transportation	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Reading/Writing Skills	<input type="checkbox"/> Math skills	<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> Other: _____

#### Career Goals

Explain your employment or career goal(s) for the next 12 months?

#### Development Opportunities (1—2)

What knowledge or skills do you need to learn that may benefit your new job?

#### Personal Statement

Explain how your request for assistance will provide you the support you need while transitioning to your new employment.

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### Part 3. Previous Employment History

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Separation Date: \_\_\_\_\_

### Part 4: Employment Verification Form

Name of Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Address: \_\_\_\_\_

State Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Part 5. Supportive Services

Please select the type of supportive services you are requesting.

Supportive Services Request		
<input type="checkbox"/> Work Clothing (work boots, tools, interview and/or business clothing, laptop, learning materials, etc.) Describe: _____		
<input type="checkbox"/> Travel (complete travel request form)	<input type="checkbox"/> Rental Assistance (complete Landlord Verification form)	<input type="checkbox"/> Utilities (attach copy of recent bill)
<input type="checkbox"/> Grocery/Living Expenses	<input type="checkbox"/> Other: _____	

### Part 6. Landlord Verification Form

**This form must be signed and dated by the landlord.**

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

Address: \_\_\_\_\_

Property or Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Occupancy Date: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_ Payments are received: ☐ Monthly ☐ Weekly ☐ Other

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 7. Travel Request Form

Name of Traveler (as shown on Identification Card):	
Reason for Travel Request (Example: new job placement):	
Start Date:	Preferred Airline:
Departure City:	Arrival City:
Departure Date:	Return Date:
Frequent Flyer # (if applicable):	
Emergency Contact:	Phone Number:

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### Part 8. Assignment of Rights/Waiver of Liability

I, the undersigned, have the authority to hereby grant AVCP the right and permission to use, at AVCP's discretion, photographs and images of me, as well as my biographical information disclosed to AVCP by me for promotional and/or informational purposes. I understand that no monetary or other compensation will be offered to me in exchange for these rights and permissions. Usage encompasses, but is not limited to, newsletters, printed publications and other collateral, internet and websites, advertising, video and/or audio presentations.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 9. Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize any person, agency or institution to release any information requested by the Association of Village Council Presidents Tribal Workforce Development Department contained in City Councils, Village Councils, State, Federal, Private and Educational Agencies' records. The TWD department is also authorized to share information needed for financial consideration with other funding agencies and organizations on my behalf (e.g. State DOL/WIA, or other programs within AVCP).

Listed below is information I do not wish to be shared with or by the Tribal Workforce Development department:

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The authorization shall continue to be in effect for three (3) years from date signed. I acknowledge that if I wish to change any item under this authorization, including the date of expiration, or to revoke my consent, I am required to sign and submit a new ROI form.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 10. Agreements

#### Application

☐ I certify that all information and documentation in this application is true and correct.

#### Employment Assistance

☐ If aided, I agree the funds will be used towards supporting my financial needs while I transition to my new job.

☐ I agree that if for any reason my employment assistance is not used, I must return the funds to AVCP.

☐ I agree to provide monthly updates to my Case Manager regarding my employment status.

*I have read and understand the agreements set forth, and if approved, I agree to abide by the terms and conditions set forth in the Employment Assistance application.*

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_