

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

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



Tribal Workforce Development

570 3rd Ave, PO Box 219, Bethel, AK 99559 | Phone 907.543.7440 | Fax: 907.543.7498

Growing Our Own

Tribal Workforce Development *Employment Assistance Program*

Deadlines:

Employment Assistance

At-least two weeks prior to 1st 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 \$500.00 in assistance through the Employment Assistance Program.

Employment Assistance can be used towards rental, 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
Email: twdeap@avcp.org

Or drop your application off at your nearest Job Center:

Akiachak	Chevak	Kongignak	Napaskiak	Toksook Bay
Alakanuk	Eek	Kotlik	Nunapitchuk	Tuntutuliak
Atmautluak	Emmonak	Kwethluk	Quinhagak	
Bethel	Hooper Bay	Newtok	Russian Mission	
Chefornak	Kalskag	Mtn Village	Scammon Bay	
	Kasigluk	Napakiak	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
- Utility bills with account numbers

All required documents must be submitted before receiving first full paycheck to be considered

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Part 1. Personal Information

Name: _____ SSN: _____
 Mailing Address: _____ DOB: _____ Gender: [] Male [] Female
 Physical Address: _____ Marital Status: [] Single [] Married [] Separated
 City/State: _____ Zip code: _____
 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: _____

Start 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/Tools	Describe: Submit shopping cart. (Ex: Amazon cart)
<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: _____

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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:

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:** _____
