



## Bristol Bay Native Association - Workforce Development

P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-4059

Fax 907-842-2338 • [www.bbna.com](http://www.bbna.com)

### YOUTH EMPLOYMENT ADDENDUM

**2 SESSIONS THIS YEAR (CIRCLE ON THE APPLICATION ON THE NEXT PAGE):**

**Session 1: June 21<sup>st</sup>- July 12<sup>th</sup>**

**Session 2: July 19<sup>th</sup>- August 16<sup>th</sup>**

**\*\*APPLICATION DEADLINE: May 28, 2021**

*Late Applications will not be accepted and ONLY complete applications will be considered contingent upon available funds.*

Thank you for your interest in BBNA's youth Employment Program. **This program is available for youth between the ages of 14-24.** The program is designed to help youth gain valuable work skills that will lead them to additional employment opportunities.

Due to the COVID-19 Pandemic this year, the Youth Employment Program will look a little bit different. Youth accepted into the program will not be placed into a work site; however, youth will be mailed 4 weekly packets geared towards employment related lessons. Each packet needs to be completed and will be graded. Youth achieving at least a 75% will receive a benefit payment of \$250.00 per weekly packet. Youth can earn up to \$1000 for completing the entire session.

Youth ages 17 & younger need parent/guardian signatures on forms. Please review these forms with your child(ren) before submitting to BBNA. **(Ensure that all forms are completed, signed and dated.)** Use the checklists below to help you complete your application. **Late or incomplete applications will not be eligible for work.**

#### YOUTH APPLICATION REQUIREMENTS:

- Complete BBNA Workforce Development Central Intake (2 Pages)
- Copy of Tribal Enrollment Card
- Copy of Driver's License or State ID
- Household Income (Copy of Recent Paystubs or Previous Years Tax Return)

**Upon determination of eligibility, BBNA Caseworker will be in contact with each applicant to inform them of eligibility determination. If eligible, a BBNA Caseworker will mail first two weeks of packets to complete along with a welcome letter.**

**Questions about the program/applications please contact: BBNA Workforce Development at (907)842-4059 or toll free at 1-888-285-2262.**

#### 3 WAYS TO TURN IN YOUR APPLICATION

**Mail COMPLETE Applications to**  
BBNA Youth Employment Program  
Attn: Child Development  
PO Box 310  
Dillingham, Alaska 99576

**Fax COMPLETE Applications to:**  
(907) 842-2338

OR

**(Preferred Method) By email to: [CDDADMIN@BBNA.COM](mailto:CDDADMIN@BBNA.COM)**

**Mailing Address:** P.O. Box 310 Dillingham, AK 99576 **Phone:**(907) 842-4059 **Fax:** (907) 842-2338

**Applicant's Central Intake and 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: \_\_\_\_\_  
 (P.O. Box) (City) (State) (Zip Code)

Present Physical Address: \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work / Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Which Session? (please select):** Session 1 Session 2

**Tribally enrolled at (please select your community or indicate "other");**

Aleknagik Chignik Bay Chignik Lagoon Chignik Lake Clarks Point Dillingham Egegik Ekuk Ekwo Igiugig Iliamna Ivanof Bay Kanatak King Salmon Kokhanok Koliganek Levelock Manokotak Naknek New Stuyahok Newhalen Nondalton Pedro Bay Perryville Pilot Point Port Heiden Portage Creek South Naknek Togiak Twin Hills Ugashik or Other \_\_\_\_\_

**Marital Status:**  Single  Single and living with significant other  Married  Separated  Divorce  Widowed

**Family Status:**  Single Individual  One Parent Family  Two Parent Family Number dependents under 18 \_\_\_\_\_

**Veteran?**  No  Yes - 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 \_\_\_\_\_

Some BBNA WFD 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)
<b>(check one)</b> <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 H.S. Diploma, GED or college degree <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Obtain Child Care Assistance <input type="checkbox"/> Obtain Alaska Driver's License <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 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 (food stamps, general assistance, ATAP) <input type="checkbox"/> Living in a Rural Area	(Check All That Apply -optional) <input type="checkbox"/> Low Income <input type="checkbox"/> Homemaker <input type="checkbox"/> Pregnant <input type="checkbox"/> Single Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled Adult <input type="checkbox"/> Homeless <input type="checkbox"/> No Transportation <input type="checkbox"/> None of the above	(Check All That Apply) <input type="checkbox"/> In Correctional Facilities Release date _____ <input type="checkbox"/> Offender on Probation until _____ <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> On Third Party Custody Release Date _____ <input type="checkbox"/> In Specialized Treatment: (Substance Abuse, Behavioral Health, API 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. I have read, understand and been given a copy of my rights and responsibilities**  Yes  No

**Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

**Guardian's Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

**Mailing Address:** P.O. Box 310 Dillingham, AK 99576 **Phone:** (907) 842-6283 **Fax:** (907) 842-2338

**Additional Skills of Applicant: Check all that apply**

<b>Computer Skills</b>	<b>Commercial Driver's License</b>	<b>Plumbing</b>
<b>Fax Machine</b>	<b>Hazwoper Certification</b>	<b>Electrical</b>
<b>Copy Machine</b>	<b>Asbestos Certification</b>	<b>Laborer</b>
<b>Multi Line Phone</b>	<b>Carpentry</b>	<b>Fishing/Deckhand</b>
<b>10 Key Calculator</b>	<b>Mechanic</b>	<b>Child Care Provider</b>
<b>Word Processing</b>	<b>Excel</b>	<b>Other:</b>

**Household Members (Please list all household members)**

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Relationship</u>	<u>Tribal Member of</u>	<u>Date of Birth</u>	<u>Social Security #</u>

**Types of Income**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| WA Wages                         | TT Tribal TANF               | FC Foster Care Payments                    |
| SEA Seasonal Work/Fishing        | WC Worker's Compensation     | BIA BIA General Assistance                 |
| SE Self Employment               | BP Bingo/Pull Tab Winnings   | SL Student Loans/Grants                    |
| DI Dividends                     | UI Unemployment              | IN Interest                                |
| SSI Supplemental Security Income | TI Tips and Gratuity         | CS Child Support & Alimony                 |
| SSA Social Security              | RI Rental Income             | APA Adult Public Assistance                |
| PFD Permanent Fund Dividend      | FLS Family Support (Explain) | PE Pension (other than Veteran's Benefits) |
| VB Veterans Benefits             | GR General Relief            |  |
| CO Cash out Retirement/Pension   | OT Other (Explain)           |  |

**Household Income (Please list all household members income)**

<u>Household member name</u>	<u>Type of Income</u>	<u>Gross Income</u>	<u>Form of Proof</u>	<u>Last Day of Work</u>	<u>Weekly/Monthly?</u>

Applicant Employer Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Do you own home or rent? \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby certify that all information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds to denial of services and may lead to prosecution, fines and imprisonment Signed: \_\_\_\_\_ Date: \_\_\_\_\_