



Bristol Bay Native Association - Workforce Development

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

Fax 907-842-2338 • www.bbna.com

YOUTH EMPLOYMENT ADDENDUM

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

Session 1: June 21st- July 12th

Session 2: July 19th- August 16th

****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

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 circle): Session 1 Session 2

Tribally enrolled at (please circle or indicate "other");

Aleknagik, Chignik Bay, Chignik Lagoon, Chignik Lake, Clarks Point, Dillingham, Egegik, Ekuk, Ekwok, 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)
(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 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

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

Household Members (Please list all household members)

Last Name	First Name	MI	Relationship	Tribal Member of	Date of Birth	Social Security #

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)

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

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: _____