



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 19th- July 14th

Session 2: July 17th- August 11th

****APPLICATION DEADLINE: May 12th, 2023**

*Late Applications not accepted! **ONLY** completed applications are considered for employment.*

Thank you for your interest in BBNAs youth Employment Program. **This program is available for youth between the ages of 14-24.** To help youth gain valuable work skills that will lead them to additional employment opportunities we have designed this program. Youth will be placed within the following categories:

Youth ages 14 and 15: Not eligible for jobsite placement. Instead, they will be mailed four weekly work readiness academic packets. Each packet needs to be completed and turned in to be graded. Youth achieving a grade of at least 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 16-17: Must complete (1) readiness packet to be eligible for Jobsite placement.

Youth ages 16-24: Placed on a work site this year. Work sites will be filled on a first-come, first-served basis. **Due to limited work sites, only complete applications will be considered.** Applicants with a complete application who are not offered a work site will be offered an opportunity to complete a work readiness packet.

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 CONSIDERED.

YOUTH APPLICATION REQUIREMENTS:

- Complete BBNA Workforce Development Central Intake (2 Pages)
- Copy of Tribal Enrollment Card
- Copy of Driver's License or State ID (Substitutes: School ID with Picture, Birth Certificate, U.S Passport – Under 18 can also use School Records, Clinic, hospital records, Day-care/Nursery school records)
- Copy of Social Security Card (**Jobsite Applicants Only – 16Y & Older**)
- Household Income (**Copy of Most Recent Paystubs or Previous Years Tax Return**)
- Proof of Residency - 2 Forms (**Youth under 18 will need to provide PFD stub along with parent(s)' past 30 days utility bill. Youth over 18 will need to provide 30 days utility bill.**)
- Completed State of Alaska Work Permit (**Section B and Parent/Guardian Signature**)(**Only 16Y old applicants**). *If you live with a court-appointed guardian, call BBNA to discuss the paperwork required for the work permit.*

4 WAYS TO TURN IN YOUR APPLICATION

****PREFERRED****

Email COMPLETE Applications:
CDDADMIN@BBNA.COM

Complete web-based application at bbna.com/YEP

Mail COMPLETE Applications to
BBNA Youth Employment
Program Attn: Child Development
PO Box 310
Dillingham, Alaska 99576
Fax COMPLETE Applications:
(907) 842-2338

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? Session 1 Session 2

Must prove TRIBAL AFFILIATION with a federally recognized tribe; and must be a resident for at least 30 days prior to application of a community who has an authorizing resolution to BBNA (proof of residency required); *BBNA cannot provide Youth Services; please contact the tribal council in your community
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) 842-4059 **Fax:** (907) 842-2338

Additional Skills of Applicant: Check all that apply

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

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: _____