

Native Village of Kotzebue Direct Employment Services

D.E. Applicant Eligibility:

- A Current resident of Kotzebue for at least thirty-one (31) days
- Clearly declare availability and intent to accept and retain full time, permanent employment
- Have an employment offer verifiable by the Education Coordinator.
- Have the ability to agree on a comprehensive employment plan with a trained employment counselor.
- Must be an enrolled member of a federally recognized tribe.
- Must be at least eighteen (18) years of age.
- Must be underemployed
- Must document and support necessity for financial assistance.
- Possess a marketable skill

To be considered for Direct Employment (D.E.) Services, a client must submit the following to the NVOK – Kotzebue I.R.A. Failure to do so may result in denial of financial assistance under the Employment Assistance Program prior to first full pay check.

- Complete application for employment assistance
- Copy of Social Security Card
- Copy of Certificate of Indian Blood
- Copy of birth certificate
- Copy of Children's birth certificate
- Copy of Marriage Certificate, if applicable
- Landlord verification form
- Employment Verification form
 - types of equipment and tools necessary for employment
- Proof of financial need: Copies of utility and other bills
- Other pertinent documentations: High School or GED and work history
- Two letters of recommendation from people who know you well
- Copy of any financial income from previous two months: bank statements, check stubs, ect.
- Copy of DD-214 form, if applicant is a veteran

Native Village of Kotzebue Direct Employment Services

Native Village of Kotzebue

1: Client Information:

Name: _____ Email Address: _____

Other Names Used: _____ Phone #: _____

Date of Birth: _____

Social Security Number: _____

2: Name of Individual who assisted in conducting prior services check:

3: Has client received prior DE Services: Yes / No

If so, Include client identification, Where, Type, and length of service.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Native Village of Kotzebue** Direct Employment to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NVOK Direct Employment Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name: _____

SSN: _____

Date: _____

Signature

Native Village of Kotzebue Direct Employment Services

EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Native Village of Kotzebue Tribal Services Program. Please provide the following information for verification:

Employer Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant's Job Title: _____

Date of Hire: _____ Date of first check: _____ Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:

Temporary-Full-time through (date) _____ Temporary-Part-time through (date) _____

Seasonal through (date) _____

Regular-Full-time Regular-Part-time Other _____

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes ___ No ___ If yes, give reason. _____

Has the employee received their final paycheck? Yes ___ No ___

Total NET income received from their final paycheck: \$. _____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date:

Please Complete and Return to:
Native Village of Kotzebue
Tribal Services Program
P.O. Box 296
Kotzebue, Ak 99752
Phone: (907) 442-3467 Fax: (907) 442-2162

Native Village of Kotzebue Direct Employment Services

Native Village of Kotzebue AUTHORIZATION FOR RELEASE OF INFORMATION

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Printed Name: _____

Social Security Number: _____

Date: _____

Signature _____

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LANDLORD VERIFICATION

The above named individual has applied for services through the NVOK Direct Employment Services. Please provide the following information for verification:

TENANTS RENTAL ADDRESS:

Name on lease: _____

Street address/apt#: _____

City: _____ State: _____ Zipcode: _____

Please Complete and Return to:

Native Village of Kotzebue
Tribal Services Program
P.O. Box 296
Kotzebue, Ak 99752
Phone: (907) 442-2246 Fax: (907) 442-2162

When did or can the tenant move into the apartment? _____

Deposit Amount: \$ _____ Monthly Rent Amount: \$ _____ Due Date: _____

Date payment made: _____ Amount paid: \$ _____ Amount due: \$ _____ For what month? _____

Does Rent include Fuel? _____

Does Rent Include Electric? _____

LANDLORD/PAYMENT ADDRESS: (What's on your W9)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature of Landlord

Date

Native Village of Kotzebue Direct Employment Services

Financial Resources:

The following lists my entire current financial resources:

Cash: \$ _____

Checking Account:
\$ _____

Savings Account:
\$ _____

Family Contribution:
\$ _____

Alaskan Permanent Fund Dividend:
\$ _____

NANA Dividend:
\$ _____

Village Corporation Dividend:
\$ _____

Income Tax Refund:
\$ _____

Other Financial Resources:
\$ _____

Specify: _____

Total: \$ _____

I have been advised that should I fail to maintain my employment after receiving the D.E. grant, my application for financial assistance in the future will be placed on low priority and therefore may not be approved.

By signing below, I certify all information listed on this page is correct and true to the best of my knowledge. I also certify my intention to accept and maintain the employment which if awarded the D.E. grant, would allow.

Date: _____

Signature

Native Village of Kotzebue Direct Employment Services

Financial Need:

The Following list my financial need to maintain self-sufficiency/Employment:

Estimated Expenses:

\$ _____ Relocation expenses (if you are including family members please provide proper documentation (Birth certificate, certificate of marriage) to verify status of relationship.

\$ _____ Household moving expenses.

\$ _____ First month's rent and security deposit.

\$ _____ Utilities, including deposit.

\$ _____ Specify Utilities: _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Food and Groceries for first month

\$ _____ Equipment/ tools required for employment, Must Specify and attach official doc.

\$ _____ Cost Associated with daily transportation to and from work for one month.

\$ _____ OTHER (specify) _____

\$ _____ OTHER (specify) _____

\$ _____ **TOTAL FINANCIAL NEED**

