



Gwichyaa Zheeh Gwich'in Tribal Government

(Formerly known as the Native Village of Fort Yukon, IRA)

P.O. Box 126

Fort Yukon, AK 99740

Phone: (907) 662-2581

Fax: (907) 662-2222

AVT Training/Direct Employment Application

Applicant's Full Name: _____

Indian, Maiden, or other name used: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Applicant's Birth date (mm/dd/yyyy): ____/____/____ Birthplace: _____

Social Security Number: ____/____/____ Gender: Female____ Male____

I AM:

____ American Indian or Alaska Native enrolled in the _____ Tribe.

____ I am _____ degree Eskimo/Indian blood and have a Certificate of Indian Blood (CIB).

____ Currently I am: Unemployed____ Employed____
Full-time____ Part-time____

IF YOU ARE ATTENDING TRAINING COMPLETE SECTION ONE.

IF YOU HAVE A NEW JOB COMPLETE SECTION TWO.

SECTION ONE - TRAINING

I am applying for assistance to attend job related training: YES____ NO____

Who is conducting the training? _____

Address: _____

Contact Person: _____ Phone: _____

Type of Training: _____

Training Dates: _____ (starting date) _____ (ending date)

What type of assistance are you requesting? (i.e. Tuition, Airfare, Lodging, Meals, Clothing)

TYPE OF ASSISTANCE REQUESTED	COSTS
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

TRAINING, Continued

This training is required for my current job: YES___ NO___

This training will enable me to gain specific employment: YES___ NO___

IF YES: Name of Employing Business: _____

Address: _____

Phone Number: (_____) _____

Have you been officially accepted to participate in this training? YES___

NO___ (Show proof / documentation)

Please comment on how this training will benefit you and how it relates to the field of work you are anticipating.

SECTION TWO - EMPLOYMENT

I am applying for assistance in order to attend a specific job: YES___ NO___

I will be working for: Business Name: _____

Address: _____

Contact Person: _____ Phone: _____

Employment Start Date: _____ (Proof of employment offer)

Licensing (New or Renewal): _____

Allowable expenditures include clothing, food, utilities, phone, water, tools and licensing for eligible applicants.

Costs will be determined by Employment Department.

Note: Direct employment funds are only available for those individuals who have not yet received their first paycheck.

I certify that this information is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I authorize the Gwichyaa Zhee Gwich'in Tribal Government to verify any and all statements made in this application.

Signature of Applicant

Date

TRIBAL OFFICE USE ONLY

Application received by: _____ Date: _____

Budget verified by Accounting: _____ (Initials) _____ (Date)

Application is: APPROVED ___ REJECTED ___

Reason rejected: _____

Executive Director or Employment Director

Date