



State Training and Employment Program (STEP) Participant Application

STATE OF ALASKA

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Please PRINT clearly and sign where indicated.

Participant Information			
First Name:	Middle Initial:	Last Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	
Main Phone:		Alternate Phone:	
Email Address:			
Physical Address:		City:	State: AK
Mailing Address: (Only if different from above)		City:	State: ZIP:
Race/Ethnicity: (Optional)		Citizen Status:	Are you a veteran?
<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Refugee or Parolee <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Temporary Work Permit	<input type="checkbox"/> Yes, Over 180 days <input type="checkbox"/> Yes, Under 180 days <input type="checkbox"/> No
If you experience a disability are you able to perform the essential functions of this job or training program, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Eligibility Assessment	
<i>Approval for STEP services is contingent upon eligibility.</i>	
Are you an Alaska resident who has resided in the state the past 30 days and plan to remain in the state indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked in a position that contributed to Unemployment Insurance (UI) in Alaska or another state with similar provisions some time in last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Insurance Status: (select one) Skip this question if you are employed.	
<input type="checkbox"/> Currently receiving UI benefits; or <input type="checkbox"/> Exhausted the right to UI benefits within the last 3 years. <input type="checkbox"/> Applied for UI benefits but have not received any benefits yet.	<input type="checkbox"/> Applied for UI benefits but do not qualify for reasons other than exhausting the right to benefits. <input type="checkbox"/> Have not applied for UI benefits. (If unemployed and benefits are not exhausted, you must file for UI benefits.)

If you are employed, select one of the following reasons for needing training assistance:

- Reductions in overall employment within a business (verifiable workforce downsizing).**
- Elimination of your current job (you have received or will receive a layoff notice).**
- A change in condition of employment requiring that, to remain employed, the employee must learn substantially different skills, or obtain or upgrade credentials, licenses or certifications that they do not now possess. (Individuals participating in USDOL approved Registered Apprenticeship programs are, by definition, in this group.)**

Applicant Certification and Release of Information – Please write your initials next to each statement.

- ✓ ____ I certify to the best of my knowledge the information in this application is accurate, true, and verifiable, and subject to verification.
- ✓ ____ I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
- ✓ ____ I understand that falsification of information to receive grant benefits may be grounds for removal from the program, and/or I may have to repay benefits received.
- ✓ ____ I certify that I am an Alaska resident and I intend to stay in Alaska and make it my home.
- ✓ ____ I understand that there is a grievance procedure available that explains how I can appeal all eligibility decisions made with regard to this application for STEP program services.
- ✓ ____ I further agree to the use of the personally identifiable data collected on this form including my Social Security number for use by the Alaska Department of Labor to measure performance and outcomes of the activities conducted under the STEP grant.
- ✓ ____ I hereby certify that I have been provided a copy of the Equal Opportunity Is the Law Notice, and have read and understand the contents of this document.
- ✓ ____ I certify that I have received a copy of the grievance procedure, which explains how I can appeal all decisions made concerning this application for STEP program services.
- ✓ ____ I understand that the funds I am applying to receive are for training and/or support services from the STEP program, which is funded from a percentage of employee payroll tax contributions to Unemployment Insurance. I agree to complete a survey or other inquiry regarding training and/or services received from the STEP program and/or my employment outcome after receiving services and/or training.

I, DO DO NOT , grant the State of Alaska and all its administrative subdivisions the irrevocable right to use my likeness, comments, or personal story or all in media presentations, any of which may be reproduced and publicly distributed in media such as in photographs, videos, advertisements, and newspaper and magazine articles for public information, marketing, or policy discussions. This release is unconditional. I waive any right that I may have to inspect and approve the image or commentary that may be used. I release the State of Alaska and its administrative subdivisions from any claim(s) for compensation associated with the use of these images and/or commentaries.

Applicant's Signature: _____

Date: _____