



# 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.**

<b>Participant Information</b>			
Do you have a MyAlaska Account? <input type="checkbox"/> Yes <input type="checkbox"/> No		MyAlaska Username (To access AlaskaJobs only):	
First Name:		Middle Initial:	Last Name:
Social Security #:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to answer
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident Alien <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> None of these <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Other		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	
Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to answer		Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer	
Email Address:			
Phone Number:	Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone	How do you prefer to receive notifications? <input type="checkbox"/> Text Message <input type="checkbox"/> Email	
Alternate Phone Number:	Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone	Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address:		City:	State:
Zip:	County/Borough/Parish:		Country:
Mailing Address (if different from physical address):		City:	State:
Zip:	County/Borough/Parish:		Country:
<b>Military Affiliation</b>			
Are you currently in the U.S. Military or a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you the spouse of a member of the armed forces who is on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence?

**OR**

A spouse of a service member on active duty who died or has been Missing In Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days?

Yes  No

### Eligibility Assessment

*Approval for STEP services is contingent upon eligibility.*

Enrollment Date:

Needs the training to remain a self-sufficient wage earner?

Yes  No

Are you Employed?

Yes  No

Are you an Alaska Resident who has resided in the state for the past 30 days and plans to remain in the state indefinitely?

Yes  No

Have you worked in a position that contributed to Unemployment Insurance (U.I.) in Alaska or another state with similar provisions sometime in the last five years?

Yes  No

Eligibility Criteria:

- Unemployed and receiving Unemployment Insurance (UI) benefits
- Unemployed but not receiving Unemployment Insurance (UI) benefits
- Employed but likely to be displaced because of the reduction in overall employment within the business
- Employed but likely to be displaced because of the elimination of your current job
- Employed but likely to be displaced because of a change requiring that to remain employed, they must learn substantially different skills
- In need of training to improve the prospect of obtaining or retaining employment

**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, verifiable, and subject to verification.
- ✓ \_\_\_\_ I understand that the answers I have provided in this application are considered self-attestation and I may be asked to provide proof to support my answers.
- ✓ \_\_\_\_ 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 certify that I have reviewed a copy of the Program Complaints and Appeals Policy, which describes the complaint and appeals process with regard to program complaints and discrimination complaints.
- ✓ \_\_\_\_ I certify that I have reviewed a copy of the Program and Equal Opportunity Discrimination Complaint Information document and have read and understand the contents of this document.
- ✓ \_\_\_\_ I 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 the performance and outcomes of the activities conducted under the **STEP** grant.
- ✓ \_\_\_\_ I understand that the funds I am applying to receive are for training 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 the training or services received from the **STEP** program and my employment outcome after receiving the services 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 Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_  
**(If applicant is under age 18)**

**Date:** \_\_\_\_\_