



Tlingit and Haida Indian Tribes of Alaska

TCSU - You Matter - Andrew P Hope Building
320 W Willoughby Ave, Suite 300, Juneau, AK. 99801
(907) 463-7785 Email: youmatter@cethita-nsn.gov

TCSU Employment Development Plan Information

Instructions: Please complete all sections, provide as much information as possible. It is important to know if you have other child support obligations that you pay and if you have children in your household that you support.

Name: (Last, First, MI)		Social Security Number		<input type="radio"/> Single Parent Household <input type="radio"/> Two-Parent Household	
Home Address		City	State	Zip Code	
Mailing Address (<input type="radio"/> Check here if same as Home Address)		City	State	Zip Code	
Home Phone	Cell Phone		Message Phone		
Are you a US Citizen? <input type="radio"/> Yes <input type="radio"/> No	Permit Number (If no)		Permit Expiration Date		
Are you a valid driver? <input type="radio"/> Yes <input type="radio"/> No	License Number (If yes)		License Expiration Date		
Are you a Veteran? <input type="radio"/> Yes <input type="radio"/> No	Date of Service From: _____ To: _____		Branch of Service		
Type of Discharge: <input type="radio"/> Disable Veteran <input type="radio"/> Honorable <input type="radio"/> Dishonorable <input type="radio"/> General					

Do you have any professionally documented medical reasons that limit work? ☐ Yes ☐ No

Dependent Information

Name of Dependent/ Custodial Parent Name	Date of Birth	Age	Custody Percentage

Education / Training / Skills & Abilities

Are you a current student? ☐ Yes ☐ No If yes, where? _____

Date last attended school: _____ Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

If you did not complete High School or receive a GED, please explain why?

If you have attended College: How many years? _____ Major/subject area: _____

Did you receive a degree? ☐ Yes ☐ No If yes, please specify _____ Year _____

Education / Training / Skills & Abilities Cont.				
List any training or certificates you have earned:				
Type of Training	School or Training Facility	City/State	Month/Year	Certificate/License
List any equipment, machinery and/or tools you can operate:				
Employment History				
Do you have a resume? <input type="radio"/> Yes <input type="radio"/> No If Yes, please provide a copy with this form				
Job Title		Employer		
Address		Work Phone		
Dates of Employment		Hrs/Week	Hourly Wage	
Duties and Skills Utilized:				
Reason for Leaving:				
Job Title		Employer		
Address		Work Phone		
Dates of Employment		Hrs/Week	Hourly Wage	
Duties and Skills Utilized:				
Reason for Leaving:				

You Matter! - Planning For Your Future

Why did you choose to work with You Matter? What is your vision of supporting your family look like?

Are you working? ☐ Yes ☐ No If yes, where? _____ Hrs/Wk _____

If you are not working, how long have you been unemployed?

Can we help you find a job or help you keep the job you have?

Check the items you need help with for work or training

☐ Transportation ☐ Clothing
☐ Child Care ☐ Other: _____

What plans do you have for child care while you work?

Do you have a vehicle? ☐ Yes ☐ No If yes, car insurance? ☐ Yes ☐ No
 If no, what are your means of transportation?

Please circle any areas below that are potential barriers to employment: (see below)

Transportation	Child Support (another agency)	Employment
SSI / SSA	Legal Issues	Financial Education
Housing Assistance	Health Issues	Training / Education
Drug / Alcohol Addiction	Homelessness	Miscellaneous
Mental Health	Dental Care Needs	Other barriers Not Listed
Parenting / Family Support	Transitional / Re-entry	_____
Divorce / Child custody Issues	Difficulty Reading / Writing	_____

Are there other things (like a disability) hindering you from going to work? ☐ Yes ☐ No

If yes, please explain: _____

Have you been convicted of a crime other than a traffic violation? ☐ Yes ☐ No

If yes, please explain: _____

You Matter! - Planning For Your Future Cont.

Are you on probation or parole? ☐ Yes ☐ No

☐ ☐

If yes, probation / parole officer's name: _____ Phone Number: _____

Is any other agency helping you with work and family issues? Yes No

If yes, what agency? _____

Contact Person: _____ Phone Number: _____

Employment Goals

Based on your work history, what kind of employment are you seeking? ☐ ☐

1 st Choice	Qualified? <input type="radio"/> Yes <input type="radio"/> No	Yrs of Experience
2 nd Choice	Qualified? Yes No	Yrs of Experience
3 rd Choice	Qualified? Yes No	Yrs of Experience

If you're not qualified, how can you become qualified?

☐ ☐

☐ ☐

☐ Yes ☐ No Do you know of any job opening in this line of work? If yes, where _____

☐ Yes ☐ No Are you willing to move in order to obtain employment?

☐ Yes ☐ No Are you willing to accept employment in a remote site?

Yes No Are you registered with the ALEXsys?

Yes No Would your past employer(s) give you a good reference?

Client Signature

Date