



# APPLICATION FOR TRAINING

Alaska Laborers Training School

17805 Old Glenn Hwy., Chugiak, AK 99567  
Ph (907) 345-3853 | Fax (907) 202-9999  
email: training@aklts.org

2121 Kiana St., Fairbanks, AK 99709  
Ph (907) 452-3146 | Fax (907) 455-4386  
email: info@aklts.org



DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ AK ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ AK ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## TRAINING REQUEST

For current training schedule visit [www.local341.com](http://www.local341.com) or [www.aklaborers.com](http://www.aklaborers.com)

CLASS REQUEST	CLASS DATE
	CLASS LOCATION

<input type="checkbox"/> APPRENTICE <input type="checkbox"/> JOURNEY WORKER	MEMBER OF:
	<input type="checkbox"/> 341 ANCHORAGE <input type="checkbox"/> 942-FAIRBANKS <input type="checkbox"/> 942-JUNEAU <input type="checkbox"/> OTHER _____ <input type="checkbox"/> A LIST <input type="checkbox"/> B LIST <input type="checkbox"/> C LIST <input type="checkbox"/> D LIST

### TRAVEL ASSISTANCE REQUESTS

I physically live 65 or more miles from the AKLTS Training Center and am requesting travel assistance.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>All travel requests must be approved two weeks in advance by the Alaska Laborers Training School.</li> <li>A Travel Assistance Request Form must accompany this application.</li> <li>I understand that all travel requests <b>must be pre-approved</b> and requested at least <b>2 weeks in advance</b> of travel date and training.</li> </ul>	Initial here for acknowledgment of travel assistance request process. _____

I have reviewed and acknowledge that all information above is current and correct. I further acknowledge and agree that it is my responsibility to notify Alaska Laborers Training School

of any changes to my address, phone number or email. I understand if Alaska Laborers Training School is unable to contact me, my spot in class may be forfeited.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_