

Application For Training



ALASKA LABORERS TRAINING SCHOOL

****Form must be completed before submission****



Full Name: _____

Address: _____

City: _____ AK Zip: _____

Email: _____ Birth Date: _____

Cell Phone: _____ Home Phone: _____

**** All Members should have a Voicemail set up****

Class Requested: _____

Class Dates: _____ Class Location (city): _____

Member of:	Union Status:	Veteran Status:	Gender:	Race/Ethnicity:	
<input type="checkbox"/> Local 341 <input type="checkbox"/> Local 942 - FAI <input type="checkbox"/> Local 942 -JNU <input type="checkbox"/> Other Local _____	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journey Worker <input type="checkbox"/> Retired <input type="checkbox"/> Union Non-Laborer <input type="checkbox"/> (Craft/Local#) _____	<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Alaskan Native Native Corporation: _____ Village: _____ <input type="checkbox"/> Native American/First Nation Native Language/First Spoken: _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> A list <input type="checkbox"/> B list <input type="checkbox"/> C list <input type="checkbox"/> D list					

Did you complete an Apprenticeship Program? Yes No

Can we contact you by email? Yes No Text Message? Yes No

Do you have a CDL? Yes No What Class? _____

IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:		
NAME: _____	CELL PHONE: _____	RELATION: _____
HOME PHONE: _____		
EMERGENCY INFORMATION: <i>Please list any serious allergies or health conditions that Alaska Laborers Training School should be aware of.</i>		
<i>Please alert and notify the instructor and staff members of all health concerns listed. ALL health information listed will be kept confidential.</i>		

***Signature:** _____ **Date:** _____

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

OFFICE USE ONLY	
Entered into SITES: _____	
STEP: _____	
Other Grant: _____	
*Signature: _____	Date: _____
*By signing above, I hereby grant permission to AKLTS to the rights of my images or likeness without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed. I waive all rights to inspect or approve the finished product wherein my image or likeness appears.	