



Application for Training

FORM MUST BE COMPLETED BEFORE SUBMISSION

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



Class Requested: _____

Class Dates: _____ **Class Location (city):** _____

Full Name: _____

Address: _____

City: _____ Zip: _____

Email: _____ Birth Date: _____

Cell Phone:* _____ Home Phone:* _____

**All members should have a voicemail set up*

MEMBER OF:	UNION STATUS:	VETERAN STATUS:	GENDER:	RACE/ETHNICITY:
<input type="checkbox"/> Local 341 - ANC	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Veteran	<input type="checkbox"/> Male	<input type="checkbox"/> Alaskan Native
<input type="checkbox"/> Local 942 - FAI	<input type="checkbox"/> Journey Worker	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Female	Native Corp: _____
<input type="checkbox"/> Local 942 - JNU	<input type="checkbox"/> Retired			Village: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Union Non-Laborer			<input type="checkbox"/> Native American/ First Nation
	Craft/Local#: _____			<input type="checkbox"/> Asian
<input type="checkbox"/> A List				<input type="checkbox"/> Black/African American
<input type="checkbox"/> B list				<input type="checkbox"/> Pacific Islander/ Native Hawaiian
<input type="checkbox"/> C list				<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> D list				<input type="checkbox"/> Hispanic/Latin
				<input type="checkbox"/> Other (specify): _____
				Native Language/First Spoken: _____

Did you complete an Apprenticeship Program? **YES/NO**

Do you have a CDL? **YES/NO**

Can we contact you by email? **YES/NO**

If so, which classification? **A/B/C**

Can we contact you by text message? **YES/NO**

Endorsements: _____

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.*

In the event of an emergency, please contact:

Name: _____ Relation: _____

Cell Phone: _____ Home Phone: _____

Emergency Information: Please list any serious allergies or health conditions that Alaska Laborers Training School should be aware of. Please alert and notify the instructor and staff members of all health concerns listed. ALL health information listed will be kept confidential.

OFFICE USE ONLY

Entered into SITES: _____ STEP: _____ Other Grant: _____