



An educational consortium operating  
the Delta Career Advancement Center

**Partners for Progress in Delta, Inc.**

**Delta Career Advancement  
Center**

PO Box 956, 1696 North Clearwater Avenue  
Delta Junction, Alaska 99737  
phone: (907) 895-4605 fax: (907) 895-4629

[www.partnersforprogressindelata.org](http://www.partnersforprogressindelata.org)

Interior Entry Level Civil Construction  
**Heavy Equipment Operator and Heavy Equipment Mechanic Academy**  
June 4 to 21, 2013  
7 am to 4 pm

**How to Apply**

To apply for this training opportunity, please read and carefully fill out the following forms. Be sure to include all required documents and information. After you have filled out and collected all the needed information, the packet should be mailed to:

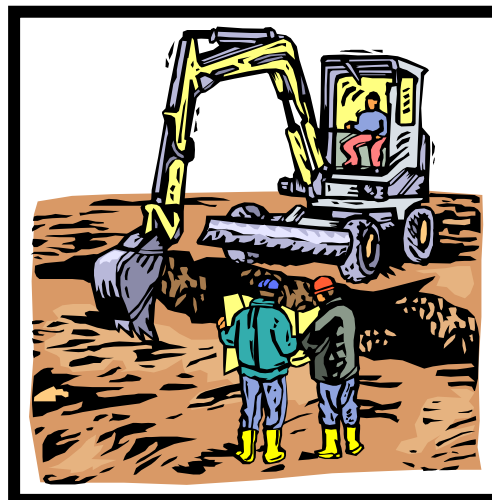
Gary Hall, Academy Administrator  
Partners for Progress in Delta, Inc.  
Delta Career Advancement Center  
PO Box 956  
Delta Junction, AK 99737

If you have any questions call **907-895-4605** or **907-895-4844**.

Space is limited to 10 students per Academy.

Application deadline: **May 10, 2013, 1:00 pm**

Interviews will be completed by: **May 22, 2013**





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**Briefly describe any construction training and/or experience you have.**

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**Briefly describe your career interests.**

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**I am applying for: (mark one)**

- Heavy Equipment Operator                       Heavy Equipment Mechanic

**I do not live in the Delta Junction area and request room and board information.**

- yes     no

**Have you completed and attached these forms?**

- Application Form     Personal Information Form

**Have you attached copies of these documents?**

- Valid Alaska Driver' License     High School Diploma or GED

**Parental/Guardian Consent for Participation (Necessary if under eighteen years of age)**

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

Printed Name Parent/Guardian

Printed Name Academy Applicant

give my consent for my child to participate in the Academy Training Program, if selected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Personal Information Form**

Please print all information neatly.

Name First M.I. Last

Today's Date Date of Birth Social Security Number

Mailing Address City State Zip

Residence Address City State Zip

Home Phone Number Message Phone Number Emergency Contact Phone Number

Emergency Contact Name Relationship

Emergency Contact Address City State Zip

Please provide the name of at least one employer or community reference. Be sure to provide a current phone number where the individual can be reached during the day.

Name City State Phone Number

**Please read and sign the following to agree to the terms of this training opportunity:**

I commit to being drug and alcohol free throughout the duration of the Academy Training Program. I understand that I must remain drug and alcohol free to apply and successfully complete the training program, if I am selected.

Signature Date

I am physically able to participate in all aspects of the Academy Training Program. I understand it is advised to check with my health care provider before beginning the training program.

Signature Date

**Photo Permission:** Partners for Progress in Delta would like to use your photo image and a brief biography in promotional materials. Will you permit unrestricted use without any compensation to you?  YES  NO

**Certification/Authorization to Release Information**

I certify that the statements made by me on this form are accurate and true to the best of my knowledge. I understand that the Partners for Progress in Delta may provide this information in personally identifiable form to the State of Alaska, the federal government, or private organizations to receive program funding or to provide or obtain services for me. In addition, I authorize the Partners to obtain personally identified information about my employment, education, and driving record from the state government, employers, or other organizations, when needed, to carry out Partners for Progress in Delta program objectives. Understanding this need, I authorize these entities to release and/or verify such information to the Partners for Progress in Delta, at any time, without my further consent.

Printed name Signature Date

