Delta Career Advancement Center



PO Box 956 1696 North Clearwater Ave Delta Junction, Alaska 99737 (907) 895-4605 www.partnersforprogressindelata.org

Interior Entry Level Civil Construction Heavy Equipment Operator & Heavy Equipment Mechanic Academy June 5 to 22, 2018

How to Apply:

Minim	ıum Qu	alifications Checklist:					
	☐ Are at least 17 years of age						
	Will have a High School Diploma or GED by the First Day of Academy						
	Have a	Valid Alaska Driver's License					
	Compl	ete the Attached Application					
	☐ Attached the Required Documents						
	 Copy of Valid Alaska Driver's License 						
	0	Copy of High School Diploma					
		or					
	0	GED					
	0	Copy of High School or College Transcripts					
		ed a Check or Money order for \$100, made out to Partners for Progress in Delta					
	0	Application fee = \$40 (non-refundable)					
_	0	Drug Test = \$60 (All applicants are drug tested at time of interview)					
Ш	Returr	Completed Application by Thursday, MAY 17, 2018 before 4pm					
-		e completed the application and attached the required documents, please return your ne of the following ways:					
		☐ By Mail:					
		Stacy Petersen, Program Assistant Coordinator					
		Delta Career Advancement Center					
		PO Box 956					
		Delta Junction, AK 99737					
		☐ By Email:					
		Stacy Petersen, Program Assistant Coordinator					
		Stacy Petersen, Program Assistant Coordinator spetersen@alaska.edu					
		-					
		spetersen@alaska.edu					
		spetersen@alaska.edu Subject: Heavy Equipment Academy					
		spetersen@alaska.edu Subject: Heavy Equipment Academy By Fax:					

Questions? Please call (907) 895-4605 or email spetersen@alaska.edu.

Personal Information Form

PLEASE PRINT

	nme: :st:	MI:	Last:					
Date of Birth:		Social Security Nur	Social Security Number:					
Sex: ☐ Male ☐ Female		Email Address:						
Ma	ailing Address:							
Cit	:y:	State:	Zip:					
Cell Phone:		Home Phone:						
En	nergency Contact:							
Na	ıme:	Relationship:	Phone:					
Ple	ease provide the name of at least o	ne employer or personal refe	rence, that is not a fa	mily member.				
Na	ime	City	State	Phone Number				
Ple	ease read and sign the following to	agree to the terms of this tra	aining opportunity:					
>	I understand that I must remain of I am selected. I commit to being Program.		·					
X								
	Signature			Date				
>	I am able to participate in all aspe my health care provider before b	, -	~	l it is advised to check with				
X								
	Signature			Date				
	oto Permission: Partners for Progromotional materials. Will you perm			- · ·				
	Cert	ification/Authorization to Rel	ease Information					
un Sta se an Pro	ertify that the statements made by derstand that Partners for Progressate of Alaska, the federal governmervices for me. I authorize Partners d driving record from government, ogress in Delta program objectives. ch information to the Partners for I	s in Delta may provide this info ent, or private organizations to to obtain personally identified employers, or other organizat Understanding this need, I a	ormation in personally oreceive program fund I information about m tions, when needed, t uthorize these entities	y identifiable form to the ding or to provide/obtain by employment, education, o carry out Partners for s to release and/or verify				
	Signature	Print Name		Date				

Application Form

PLEASE PRINT

1. Che	ck <u>ALL</u> that you have work experience	in.	<u>CIRCLE</u> the <u>ONE</u> you are most interes	ted	in.		
	Boilermaker Construction Driver Heavy Eqpt Operator Pile Driver Sheet metal Worker Bldg. Maint./Repair Electrical Lineman Insulation Worker Plumber/Pipefitter		Service Oiler Bricklayer Electrical Wireman Ironworker Plumber/Steamfitter Teamster Surveyor Carpenter Floor coverer/Glazier Laborer		Roofer/water proofer Telecommunications Cement Mason Heavy Eqpt Mechanic Painter/Taper Other:		
2. Do you have a strong fear or dislike of any of these conditions? (Check all that apply)							
	Work at Heights Dirty Work Outdoor Work Confined Spaces		Noisy Places Cold Work Hot Work Travel		Hard Physical Work Powered Equipment		
3. Are	you an apprentice? ☐ YES ☐ NO)	Are you a journeyman? ☐ YES		NO		
	ck <u>ALL</u> certifications, licenses, or traini	ing	completion certificates you may have	:			
	MSHA OSHA NSTC First Aid/CPR		Hazmat CDL Flagger Forklift				
5. Con	struction is a drug free environment.	Are	you willing to take periodic drug test	s?	☐ YES ☐ NO		
6. Would you be willing to relocate for training or employment?							
	YES, TRAINING		YES, EMPLOYMENT		NO		
7. Wh	at is the highest level of education you	ı've	completed? (Check all that apply)				
	Some High School High School Graduate GED		Some College Associate Degree Bachelor's Degree		Technical/Trade School Apprenticeship Other:		
10. Are you a United States citizen or legal worker? □ YES, CITIZEN □ YES, LEGAL WORKER □NO							
11. Ar	e you an Alaska resident? YES		NO				
12. Do	you have a valid Alaska driver's licens	se?	☐ YES ☐ NO				
13. Do	you have any DUI convictions? \Box	YES	☐ NO If yes, where and what yea	r?			
14. W	hat is your race/ethnicity?						
	American Indian African American White		Alaska Native Hispanic/Latino		Asian American/Pacific Islander		
15. Ar	e you a United States veteran? □ Y	ES	□ NO				
16. Are you currently employed? □ YES □ NO If yes, please provide the following:					g:		
	f Employment		Employer's Name				

I am applying for:	
☐ Heavy Equipment Operator	☐ Heavy Equipment Mechanic ☐ Both
<u>Heavy Equipment Operator</u> will provide a bapieces of equipment and how they are used	asic understanding of the safe and proper operation of various d in the industry.
	asic understanding of the following fields: DC Electrical, Air I/Service Maintenance, Basic Welding, Component Recognition
Do you live outside the Delta Junction area	a and need housing information/assistance?
☐ Yes	□ No
Have you:	
□ Completed all pages of the Appli □ Attached a copy of your valid Ala □ Attached a copy of your High Scl □ Attached a copy of your High Scl □ Enclosed a check or money orde	aska Driver's License nool Diploma or GED
If you are 17 years of age the following Pare	ent or Guardian Signature is required:
It	
Printed Name Parent/Guardian	Printed Name of Academy Applicant
do give my consent for my child to participa	ate in the Academy Training Program, if selected.
Signature	Date