



STATE OF ALASKA DENALI TRAINING FUND APPLICATION



“Equal Opportunity Employer/Program”

Auxiliary aids and services are available upon request to individuals with disabilities”

| | | | |
|---|--------------------------|---------------|-------------------------------|
| SOCIAL SECURITY # | LAST NAME | FIRST NAME | MI |
| MAILING ADDRESS | | CITY | STATE |
| RESIDENCE ADDRESS (if different from above) | | CITY | STATE |
| TELEPHONE () | EMAIL ADDRESS (Optional) | Date of Birth | Gender ___ Male ___ Female |

PERMANENT CONTACT: Please provide the following information on an individual who does **NOT** live with you, but who knows how to contact you if you move. It is important that this person have a telephone.

| | | | |
|----------------|------------|--------------|------------------|
| Last Name | First Name | Relationship | Telephone () |
| Street Address | City | State | ZIP Code |

| | | |
|--|--|---|
| <p><u>Are you Hispanic/Latino?</u> ___ Yes ___ No</p> <p><u>Race (Select one or more)</u> ___ Alaska Native ___ American Indian ___ Asian ___ Black or African American ___ Hawaiian Native or Other ___ Pacific Islander ___ White</p> | <p><u>Citizen Status (5)</u> (pick only one) ___ United States Citizen ___ Permanent Resident Alien ___ Refugee/ Parolee ___ Temporary Work Permit ___ Other</p> <p><u>Are you an Alaskan Resident?</u> ___ Yes ___ No</p> | <p><u>Are you a veteran?</u> ___ Yes ___ No</p> <p><u>Do you have a disability?</u> (pick only one) ___ Yes ___ Yes barrier to employment ___ No</p> |
|--|--|---|

I certify to the best of my knowledge the information in this application is accurate and true. I understand that the information in this application is subject to verification and that falsification of information shall be grounds for removal from the program and may subject me to prosecution under the law. I understand that there is an applicant grievance procedure by which I can appeal decisions made with regard to this application. I have received a copy of the applicant grievance procedure.

Applicant Signature _____ **Date:** ____/____/____

**APPLICANT STOP HERE
THE FOLLOWING IS TO BE FILLED OUT BY THE GRANTEE:**

Name of Grantee _____

Date Training Started _____ **Completion Date** _____

Successful Completion Yes ___ No ___ **Occupation:** _____

SEE INSTRUCTIONS ON BACK

INSTRUCTIONS.

1. Please print all entries on the application.
2. Social Security Number: Enter your 9-digit Social Security number. This is not your driver's license or state ID card number.
3. Last Name, First Name, Middle Initial: Enter these items as they appear on your Social Security card.
4. Mailing Address: Enter the **COMPLETE** address where you receive your mail.
5. Residence Address: If different from the mailing address, enter the **COMPLETE** address where you live.
6. Telephone Number: Enter a phone number where you can be contacted (include area code).
7. Email Address: Optional. If you have an internet provider and an electronic mail address please enter the complete address; e.g., JaneDoe@hotmail.com
8. Date of Birth: Enter the month, day and year you were born. For example 10/13/1961 (October 13, 1961).
9. Gender: Check either Male or Female.
10. Contact's Last and First Name: The name of a person who may be contacted to reach you.
11. Relationship: What relationship is the contact to you? Acceptable entries include:
 - Spouse
 - Parent
 - Grandparent
 - Aunt/Uncle
 - Sibling
 - Niece/Nephew
 - Cousin
 - Friend
 - Child(Daughter/Son)
 - Other
12. Contact's Telephone Number: Enter a phone number where you can be contacted. Include area code.
13. Contact's Street Address: Enter the **COMPLETE** address where your contact person lives.
14. Are you Hispanic/Latino? Enter Yes if you are, otherwise No.
15. Race: You may select more than one race, but you must select at least one.
16. Citizen Status: Choose only one.
17. Are you an Alaskan Resident? Basically you are a resident if you plan to establish or have established permanent residence in the State of Alaska.
18. Are you a veteran? Answer Yes if: (Note: Your DD Form 214 may be requested to validate data)
 - Served in the United States Armed Forces for over 180 days and received other than a Dishonorable Discharge.
 - Called to active duty in the United States Armed Forces, have a Southwest Asia Campaign Medal, or a Armed Forces Expeditionary Medal, and received other than an Dishonorable Discharge.
 - Served in the United States Armed Forces for less than 180 days, and was released or discharged as result of a medical condition or discharged with a service connected disability .
19. Do you have a disability? Select one of the following answers:
 - Yes - if you have a disability, but it does not prevent you from working.
 - Yes Barrier to Employment - if you need reasonable accommodations to accomplish the tasks for which you are being trained.
 - No – if you have no disability.

DENALI TRAINING FUND

CONSENT AND RELEASE FORM

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video recordings, sound tracks, films, photographs, written articles or recordings, I hereby consent to the use and editing thereof and release the Department of Labor and Workforce Development and its employees and assignees from any and all claims resulting from such use, sale, editing and release to the newspapers and/or television stations/channels or newsletters.

Dated this _____ day of _____, 200__.

Signature of Participant

Printed Name

The above consent and release is hereby ratified and approved.

Parent or Legal Guardian

Parent or legal guardian signature is required if the participant is under 19 years of age.