

Yuut Elitnaurviat

P E O P L E ' S L E A R N I N G C E N T E R

Application for YE Vocational Programs

Name (Print): _____

Address: _____

Telephone: _____

Birth date: _____ Social Security Number: _____

Contact name & number for emergencies: _____

Relationship to emergency contact: _____

Answer both A and B

A. Ethnic Group (mark one):

- Hispanic or Latino
- Not Hispanic or Latino

B. Race (mark one or more):

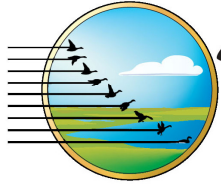
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Sex:

- Male
- Female

Please select what class you are interested in taking: (check only one)

- 40-Hour HAZWOPER
- HAZMAT (Transportation or Hazardous Materials)
- Plumbing Academy
- 40-Hour Building Inspect and Codes
- Construction Academy
- Mining/Millwright
- 16-hour 6-pak
- Certified Interpretive Guide Course
- Driver's Education
- Other (*please write in course of interest*): _____



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Do you have experience in any trade?

- Yes
- No

If yes, what trade: _____

Which trade(s) did you enjoy the most & why?

What are your employment/educational goals (apprenticeship, university, certification, general employment, etc.)? _____

Education

Attach a copy of your High School Diploma or GED to the application. Our office must receive a copy of one or the other for you to be considered for placement in a class.

Name and Address of High School: _____

Grade Completed (circle one): 9th 10th 11th 12th HS Diploma GED

Graduation or GED Completion Date: _____

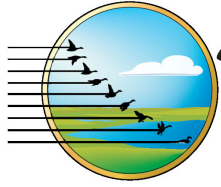
Employment

Are you currently employed?

- Full-time
- Part-time/Temporary
- Not Employed (Seeking work)
- Not Employed (Not seeking work)

Most recent employer Name & Address _____

Job Title: _____



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Brief description of Duties: _____

How many hours do you work a week? _____ When do you start & end? _____

Name of Supervisor: _____ Supervisor's Telephone: _____

Please list any other jobs you may have had: *Begin with present job and work backward (Including Military Service)*

1. Employer: _____ Job Title: _____

Supervisor: _____ Supervisor's Telephone: _____

Brief description of Duties:

Employment Dates: *From* _____ *To* _____

Reason for Leaving: _____

2. Employer: _____ Job Title: _____

Supervisor: _____ Supervisor's Telephone: _____

Brief description of Duties:

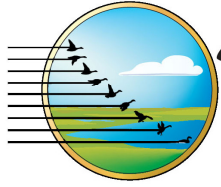
Employment Dates: *From* _____ *To* _____

Reason for Leaving: _____

Have you ever been terminated (fired) from a job?

- Yes
- No

If "Yes", what was the reason?



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Are you currently receiving any of the following? (check all that apply)

- Public Assistance
- WIA Funds
- Student Loans
- Unemployment

Other Inquiries

Are you able to stand, walk, climb stairs, stoop, kneel, crouch and climb ladders?

- Yes
- No

If "No", please explain: _____

Can you lift objects weighing 50 pounds?

- Yes
- No

If "No", please explain: _____

Can you accurately hear most sounds?

- Yes
- No

If "No", please explain: _____

Can you accurately see and read small print?

- Yes
- No

If "No", please explain: _____

Can you accurately smell odors?

- Yes
- No

If "No", please explain: _____

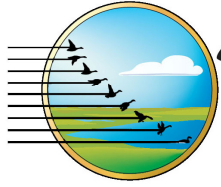
Can you accurately see and identify colors?

- Yes
- No

If "No", please explain: _____

Can you effectively communicate with people including co-workers and supervisors?

- Yes



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- No

If "No", please explain: _____

How well do you handle stressful situations? Please give examples:

Personal Background

We are required to track certain demographic and statistical information as part of our grant funding. We also occasionally have classes that include both youth and adults. Therefore, we are required to get certain criminal information from potential participants.

Answering "Yes" to any of the following questions will NOT rule out your participation in construction trades programs. Answering falsely or not answering at all WILL.

Have you ever been convicted of a Drug or Alcohol related crime?

- Yes
 No

If "Yes", please give dates and explain: _____

Have you ever been convicted of a Felony?

- Yes
 No

If "Yes", please give dates and explain: _____

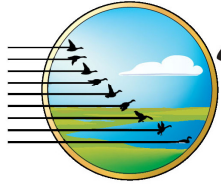
Have you ever been arrested for, or charged with, a crime involving a child?

- Yes
 No

If "Yes", please give dates and explain: _____

Have you ever been found guilty of, or entered a plea of No Contest or Guilty to, any offense under Federal, State or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons?

- Yes



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- No

If "Yes", please give dates and explain: _____

Are you involved in any pending criminal investigations at this time?

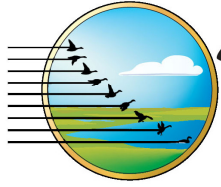
- Yes
- No

If "Yes", please give dates and explain: _____

I certify that all information provided in this application is accurate and true to the best of my knowledge. I acknowledge that should I give any misleading information, my application may be disqualified from consideration of a training program.

Signature

Date



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P E O P L E ' S L E A R N I N G C E N T E R

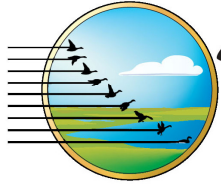
Authorization of Release of Information and Release from Liability

I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies, and I authorize those in authority to release such information, as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had opportunity to ask questions regarding any aspect of this application, and that I accept the above items.

Signature

Date



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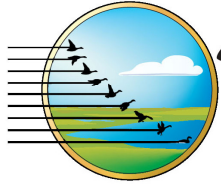
Consent and Release Form

I hereby consent to the use, editing, and release of my likeness and/or voice in one or more video recordings, sound tracks, films, photographs, written articles or recordings to the Yukon-Kuskokwim Delta Apprenticeship Program and its Sponsors. I waive any and all claims resulting from such use, sale, editing and release to the newspapers and/or television stations/channels or newsletters.

Name (Print) _____

Signature _____

Date _____



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P E O P L E ' S L E A R N I N G C E N T E R

Authorization of Release of Grades and Transcripts

I authorize employees at Yuut Elitnaurviat, UAF – KUC, and their Sponsors to access my official and unofficial grade reports or transcripts for classes taken with the University of Alaska necessary for my continued sponsorship within their programs without any obligation to give me written notice of disclosure. I hereby release you and them from any liability or claims whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety. My signature acknowledges that I have had opportunity to ask questions regarding any aspect of this release and that I accept the above items.

Name (Print) _____

Signature _____

Date _____