

# Yuut Elitnaurviat

PEOPLES LEARNING CENTER

## **Application for 40-Hour HAZWOPER**

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Contact name & number for emergencies: \_\_\_\_\_

### **Are you currently a resident of the YK Delta?**

- Yes
- No

**What are your employment/educational goals (certification, general employment, etc.)?** \_\_\_\_\_  
\_\_\_\_\_

### **Do you plan to use this certification to work in a construction or maintenance job within the region?**

- Yes
- No

### **Secondary Education:** (Verification may be required)

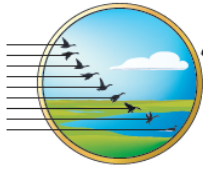
\_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_ Year \_\_\_\_\_  
*Name of High School* *City/State*

## ***Employment***

### **Are you currently employed?**

- Full-time
- Part-time/Temporary
- Not Employed

Most recent employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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

Job Title: \_\_\_\_\_

Brief description of Duties: \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ Supervisor's Telephone: \_\_\_\_\_

*If you are not currently employed, how will this training help you to secure a job?*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



### ***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.

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Signature

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Date



### **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 \_\_\_\_\_