

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, Mechanic & Service Oiler Academy
June 4 to June 21, 2024

APPLICATION

| Checkli | ist of Mi | Incomplete | | | | | | |
|---|---|-----------------------------|--------------------|---|--------------|--|--|--|
| | Are at | east 17 years of age | Applications w | | | | | |
| | Will ha | | | | | | | |
| | Have a Valid Alaska Driver's License | | | | | | | |
| | Be able to pass drug test given at time of interview | | | | | | | |
| | Complete the Attached Application | | | | | | | |
| | Attach the Required Documents to the Application: | | | | | | | |
| | | | | | | | | |
| | | Copy of Valid Alaska Driver | 's License | | | | | |
| | High School Seniors – Letter from your Counselor or Principal stating that you are on target to graduate | | | | | | | |
| ☐ Copy of High School Diploma <u>or</u> GED | | | | | | | | |
| | ☐ Copy of High School or College Transcripts | | | | | | | |
| | | | | | | | | |
| | | Non-refundable FEE of | f \$100 made payal | ole to Partners for Progr | ess in Delta | | | |
| Fee car | n be paid | d by one of the follow: | | | | | | |
| | | Credit Card | ☐ Check | Money Order | ☐ Cash | | | |
| Once you have completed the application and attached the required documents, please return your application to The Delta Career Advancement Center. | | | | | | | | |
| | | ☐ In Person: | | | | | | |
| | If you live within 50 miles of Delta Junction you must return your application in person | | | | | | | |
| | By Mail: Linnea John, Assistant Coordinator Delta Career Advancement Center PO Box 956 Delta Junction, AK 99737 | | | By Email: ljohn@alaska.eduSubject: Heavy Equipment Academy | | | | |

Completed Application must be returned NO LATER than Friday, MAY 17, 2024 before 12:00 noon.

Application received after the deadline will not be considered.

Personal Information Form

PLEASE PRINT

| First Name: | | MI: | Last Name | <u>:</u> | | | |
|---|----------------------------|-------------|----------------|---------------------------------|---------|--|--|
| Date of Birth (mm/dd/year): | / | / | Social Sec | curity Number: | | | |
| Sex: □ Male □ Female Email Ad | dress: | | | | | | |
| Mailing Address: | | | | | | | |
| City: | | State: | | Zip: | | | |
| Cell Phone: | | Home Pho | one: | | | | |
| Ethnicity: Hispanic or Latino | Not Hispani | c or Latino | | | | | |
| □ Native Hawaiian/Pacif | American In ic Islander | | | | □ Asian | | |
| Alaska Resident: □ Yes □ No | | M | lilitary Statu | us: □ Active Duty □ Veteran □ I | None | | |
| Emergency Contact: | | | | | | | |
| Name: | | Relationsh | nip: | Phone: | | | |
| Operator | | | | | | | |
| 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? | | | | | | | |
| Contification (Acabemic of the Co. | | □ 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 Partners for Progress in Delta may provide this information in personally identifiable form to the State of Alaska to receive program funding or to provide/obtain services for me. Understanding this need, I authorize release and/or verification of such information by Partners for Progress in Delta, at any time, without my further consent. | | | | | | | |

Print Name

Signature

Date

Application Form

PLEASE PRINT

| 1. C | heck ALL that you have work experience | in. | | | | | |
|------|---|-------------|---------------------------------------|-------|----------------------|--|--|
| | □ Boilermaker | | Service Oiler | | Roofer/water proofer | | |
| | □ Teamster | | Bricklayer | | Telecommunications | | |
| | | | Electrical Wireman | | Cement Mason | | |
| | ☐ Heavy Eqpt Operator | | | | | | |
| | □ Pile Driver | | Ironworker | | Heavy Eqpt Mechanic | | |
| | □ Sheet metal Worker | | Plumber/Steamfitter | | Painter/Taper | | |
| | □ Bldg. Maint./Repair | | Surveyor | | Other: | | |
| | □ Electrical Lineman | | Carpenter | | | | |
| ١ | ☐ Insulation Worker | | Floor coverer/Glazier | | | | |
| | □ Plumber/Pipefitter | | Laborer | | | | |
| | | | | | | | |
| 2. D | o you have a strong <u>INTOLERANCE</u> or <u>FE</u> | <u>AR</u> (| of any of these conditions?(Check A | LL th | at apply) | | |
| 1 | □ Work at Heights | | Noisy Places | | Hard Physical Labor | | |
| | □ Dirty Environment | | Extreme Cold | | Powered Equipment | | |
| | , □ Working Outdoors | | Extreme Hot | | | | |
| | □ Confined Spaces | | Travel | | | | |
| | · | | | | | | |
| 3. A | re you an apprentice? | 4 | Are you a journeyman? | |) | | |
| | | | | | | | |
| 4. C | heck <u>ALL</u> certifications, licenses, or train | ing | completion certificates you may hav | e: | | | |
| | □ MSHA | | Hazmat | | | | |
| | □ OSHA | | CDL | | | | |
| | □ NSTC | _ | Flagger | | | | |
| | ☐ First Aid/CPR | | Forklift | | | | |
| | | | | | | | |
| | | Ш | | | | | |
| 5. C | onstruction is a drug free environment. | Are | you willing to take periodic drug tes | ts? | □ YES □ NO | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6. V | 6. Would you be willing to relocate for training or employment? | | | | | | |
| | | _ | • • | | | | |
| | □ YES, TRAINING □ YES, EMPLOYMENT | | NO | | | | |

| ☐ High School Graduate | • | Associate Degree | ☐ Apprenticeship |
|--|-------------|--|--|
| ☐ GED☐ Some College | | Bachelor's Degree Technical/Trade School | □ Other : |
| | | | |
| 8. Do you have any DUI convictions? | □ YES □ | NO If yes, where and wh | nat year? |
| 9. Are you currently employed? | ES 🗆 NO I | f yes, please provide the foll | owing: |
| | | | |
| Place of Employment | | Supervisor's Name | |
| Please provide the name of at least o | ne employe | • | • |
| Name: | | | er: |
| Do you live outside the Delta June | tion area a | | |
| □ Yes | | □ No |) |
| my health care provider before be | | , | understand it is advised to check with |
| Signature | | | Date |
| ONLY TO BE COMPLETED BY PARE | NT OR GU | ARDIAN: | |
| If you are 17 years of age the follo | wing Parer | nt or Guardian Signature is | required: |
| | | e parent/guardian of | |
| Printed Name Parent/Guar | | | nted Name of Academy Applicant |
| do give my consent for my child to | participati | e in the Academy Training i | Program, if selected. |
| Signature | | Date | |
| | | | |
| | ls yo | our application comple | te? |
| Check List: | | | |
| ☐ Completed all page | | • | |
| | • | Alaska Driver's License School Diploma or GED | |
| | | School or College Transcrip | |
| □ Enclosed a check of | money or | aer ior žioo iligae oat to f | Partners for Progress in Delta |