



Anchorage Construction Academy Application Packet Directions

Name:	Contact Number:
Date Received:	

This packet contains **required** documents to complete for the Anchorage Construction Academy.

All forms in this packet MUST be read, completed and signed/dated

Some forms will ask for the same information. It is needed on each form.

- Construction Academy Application (2 pages)
- State Training and Employment Program (STEP) Application (2 pages)
- Equal Opportunity Certification Form (1 page)
- STEP Grievance Procedure Information (4 pages)
- Meningitis Information (1 page)

You MUST also turn in a copy of the following:

- WorkKeys** Test scores (see attached information sheet)
- Résumé**
- Photo ID** (AK driver's license, birth certificate, state or tribal photo ID)
- Social Security Number** (Social Security card, W-2, or government verification)
- Proof of unemployment contribution** (pay stub, W-2 or UI stub)

***A Drivers License and a W-2 (s) satisfies all requirements except the WorkKeys test scores and copy of your résumé.**

Letters of recommendation are highly recommended but not required.

All completed application packets that are turned in before the deadline will be contacted for an interview. Acceptance into a Construction Academy class is based on your application packet, interview and class size.

The current application deadline is 4:30pm Friday, September 30th, 2011.

If you have any questions, please call (907) 569-4711 or toll free (866) 297-9566 and ask for the Anchorage Construction Academy.

FREE Construction Training

The Anchorage Construction Academy provides basic construction training for adults who are seeking skills that can lead to a good-paying job in the construction industry.



DRAFT Course Calendar Fall 2011



Carpentry (2 weeks)	
October 17 – Oct. 28	Monday-Friday, 8 am – 5 pm
Shielded Metal Arc Welding (2 weeks)	
October 17 – Oct. 29	Mondays & Wednesdays, 6 pm – 9 pm & Saturdays, 8 am – 4 pm
Electrical (4 weeks)	
October 24 – Nov. 19	Mondays & Wednesdays, 6 pm-9 pm & Saturdays, 8 am-4 pm
Carpentry (3 weeks)	
November 1 – Nov. 19	T/W/Th, 6 pm-9 pm & Saturdays, 8 am-4 pm
Plumbing (2 weeks)	
November 7 – Nov. 18	Monday-Friday, 8 am – 5 pm
Shielded Metal Arc Welding (2 weeks)	
November 7 – Nov. 19	Mondays & Wednesdays, 6 pm – 9 pm & Saturdays, 8 am – 4 pm
*Flux Core Arc Welding (2 weeks)	
November 28 – Dec. 9	Mondays & Wednesdays, 6 pm – 9 pm & Saturdays, 8 am – 4 pm
Trades Math** (4 days, M/T/W/Th, 6-8:30 pm)	
Trades Algebra** (2 weeks, T/Th/F, 6-8:30 pm)	
Trades Trigonometry** (2 weeks, T/Th, 6-8:30 pm)	

*Completion of Shielded Metal Arc Welding is required before one can request to take Flux Core Arc Welding
**math classes are only offered to ACA students

For more information, please call (907) 569-4704

And visit www.alaskaca.org or www.akwp.org

**DEADLINE FOR APPLICATIONS:
Friday, September 30, 2011**



The Alaska Construction Academies is an equal opportunity program.

Funding is provided by a grant from the Alaska Department of Labor and Workforce Development.

Alaska Works Partnership, Inc. ♦ 161 S. Klevin St. Suite 203, Anchorage, AK 99508
569-4704 (phone) ♦ 569-4720 (fax) or aca@alaskaworks.org (E-mail)



WorkKeys Assessments

All Alaska Construction Academy applicants are required to complete WorkKeys testing and earn Alaska Career Readiness Certificates.

All Construction Academy applicants must score a four (4) or above on the WorkKeys tests.

The Alaska Career Readiness Certificate provides a job seeker with a skill-based credential that enhances career potential. It shows an employer that you can handle the kinds of tasks that are common in today's workplace - locating information in a graphical format, reading instructions and directions, and working with math.

Academy participants need to schedule WorkKeys Assessments with an Alaska Department of Labor Job Center testing site. Allow at least one hour for each WorkKeys test section: Reading for Information, Locating Information, and Applied Mathematics. A five to ten minute break will be provided between assessments, or you can schedule each assessment separately.

KeyTrain is a pre-assessment practice program that allows applicants to practice the skills that will be tested on the WorkKeys assessments. KeyTrain can be practiced over the internet at your own pace – at home or at a local job center. It is recommended that applicants use KeyTrain to practice prior to taking the WorkKeys assessment.

Scheduling WorkKeys Assessments

Call the Midtown Job Center (269-6514) or the Muldoon Job Center (269-6420) to register for the WorkKeys tests or KeyTrain practice tests.

A copy of your WorkKeys test scores must be turned in with your application packet.

If you have any questions, please call (907) 569-4711 or toll free (866) 297-9566 and ask for the Anchorage Construction Academy.

**Anchorage Construction Academy
Alaska Works Partnership, Inc.
1413 Hyder Street
Anchorage, AK 99501**



Construction Academy Application 2012



_____ - _____ - _____ Social Security Number	_____ Last Name	_____ First Name	_____ Middle Initial
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_____ Mailing Address	_____ City	_____ State	_____ Zip Code
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_____ Residence Address (if different from above)	_____ City	_____ State	_____ Zip Code
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Cell Phone _____	Home Phone _____	Message Phone _____
_____/_____/_____ Date of Birth (MM/DD/YYYY)	_____ Email Address	

Permanent Family Contact Information: Someone who has a different phone number and knows how to contact you if you move.

_____ Last Name	_____ First Name	_____ Relationship	_____ Telephone
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_____ Mailing Address	_____ City	_____ State	_____ Zip Code
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Race (check one or more)

Ethnicity Hispanic / Latino

White

Asian

Black / African

American Indian

Alaska Native

Hawaiian / Pacific Islander

Gender

Female Male

Citizen Status (pick only one)

United States Citizen

Permanent Resident Alien

Refugee or Parolee

Temporary Work Permit

Other _____

Education Status (check one)

In High School Student or Less Student; Post High School

Dropout of High School

High School Graduate

In Alternative School

Highest Grade Completed? _____

Selective Service

Male, 18 or older, born after 1/1/60. Have you registered for Selective Service?

Yes (registered males)

No (explain)

Exempt - includes females

Alaska Resident - past 30 days

yes No

Are You a Veteran

No Yes, greater than 180 days

Yes, less than 180 days

Yes, Other Eligible Person

Disabled Status

No

Yes, Barrier to Employment

Yes, Not a Barrier

Unemployment Insurance

No

Yes

Yes - Exhausted Benefits

Pre Program Wage

_____ Wage Amount

Pre Program Occupation

Lack Work Skills Employability

No

Yes

Risk Loss of Job due to Economy

No

Yes

Information Verification and Media Release

I authorize CEF to obtain personally identified information about my employment, education, and participation in programs from the state government, my employers, or other organizations when needed to carry out CEF program objectives. Understanding this need, I authorize these entities to release and or verify such information to CEF at any time without my further consent.

Media Release: 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, brochures, training manuals, or recordings, I hereby consent to the use and editing thereof and release CEF, AWP, the Denali Commission 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 / newsletters or training manuals.

I certify to the best of my knowledge the information in this application is accurate, true and verifiable.

_____ Participant Signature

_____ Date

Turn Page

Your Name:

Courses: List in Order of Preference

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Apprenticeship Outreach

Are you an apprentice? Y or N _____

If Yes, What Trade _____

If No, would you like to receive apprenticeship information? Y or N _____

Employment Are you currently employed? Yes No

If Yes Full time _____ Part time _____ Seasonal _____ If No

Company Name _____ End date of last employment? _____

Supervisor's Name _____ How long did you have your last job? _____

Job title / description _____ Was your last job Full time _____ Part time _____ Seasonal _____

Job Start Date _____ Hours/week _____

Do you have a valid Alaska driver's license? Y N

How did you find out about these classes? _____

Radio TV Newspaper Craigslist Flyer

Referred by: a friend or past graduate or a job center other: _____

Work History Where have you worked in the last three years? Start with most recent.

Start Date <i>month / year</i>	End Date <i>month / year</i>	Company Name	Job Title / Description	Hourly Wage

Circle any construction related training that you have had.

Carpentry	Blue Prints	NSTC	Scaffolding / Fall Protection
Plumbing	AKWarm	First Aid / CPR	Mold Remediation
Welding	Pipeline Construction	Forklift	Lead Safe Renovator
Paint / Drywall	Bldg. Maint. Repair	Driver Training	Trades Math
Electrical	OSHA	Confined Spaces	Hazardous Paint
Weatherization	Blower Door	Other (Write in) _____	



State Training and Employment Program Application (STEP)

STATE OF ALASKA

Equal Opportunity Employer/Program

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

PRINT CLEARLY

PARTICIPANT INFORMATION		CONTACT INFORMATION	
Social Security #		Provide contact information for someone who usually knows how to contact you, even if you move.	
Last Name:		Last Name:	
First Name:	Middle Initial:	First Name:	Middle Initial:
Street Address:		Street Address: (Only if different from above)	
Mailing Address: (Only if different from above)		City:	
Zip Code:		State: Alaska	
City:		Zip Code:	
State:		Contact Phone:	
Home Phone:		Participant Message Phone Number (if Applicable):	
Election (Hse/Sen) District Code:		Participant Work Phone Number (if Applicable):	
E-Mail Address:		Relationship to Participant:	

The following questions are for data collection only and are not used for determining eligibility

Date of Birth: Month Day Year / /		Are you Hispanic or Latino? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		Race please check all that apply <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African <input type="checkbox"/> Hawaiian Native	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Alaska resident within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes, Over 180 Days <input type="checkbox"/> Yes, Under 180 Days <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No	
Do you need job skills training to become or remain a self-sufficient wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you risk losing your job due a downturn in the economy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to perform the essential functions of this job or training program, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					

State Training and Employment Program Application (STEP)

(Eligibility Code) Check the circumstance that applies to you (check only one):

Unemployed

- 01 I am unemployed and receiving Unemployment Insurance (U. I.) benefits.
- 02 I am unemployed and have contributed to U. I. within the last 5 years.

Employed, Employer must provide verification

- 03 I am employed but likely to be displaced because of reduction in overall employment within the business.
- 04 I am employed but likely to be displaced because of the elimination of my current job.
- 05 I am employed but likely to be displaced because of a change in condition of employment requiring that to remain employed, I must learn substantially different skills than what I currently possess.

OR

- 06 I am in need of training to improve the prospects for obtaining or retaining employment.

Employer verification is required for 06, when the employment goal is to receive a promotion with current employer.

Applicant Certification

I certify to the best of my knowledge the information in this application is accurate, true, and verifiable. I understand that falsification of information to receive grant benefits may be grounds for removal from the program, and/or I may have to repay benefits received, and/or legal action may be brought against me. I certify that I cannot pay for the training I need to gain or remain gainfully employed without incurring financial hardship upon myself and/or my family.

I certify that I have lived in Alaska continuously for more than thirty days and I intend to stay in Alaska and make it my home. I understand that there is a grievance procedure available that explains how I can appeal all eligibility decisions made with regard to this application for STEP program services. I further agree to the use of my Social Security Number if reflected on the first page.

I hereby certify that I have been provided a copy of the Equal Opportunity Is the Law Notice, have read and understand the contents of this document.

Applicant's Signature _____ Date: _____

OFFICE USE ONLY (must be completed and signed at the time of eligibility determination)

Eligibility Determination Date: _____

Registration Date: _____

Grantee/Contractor Name: _____

Justification for using STEP funds (check at least one): Applicant is a resident and:

- Satisfies requirements specified in the respective grant agreement.

Grantee Signature: _____ Date: _____

CERTIFICATION FORM

Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financial assistance program or activity.

The recipient must not discriminate in any of the following areas.

- Deciding who will be admitted, or have access, to any WIA Title I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to such a program, or activity, or,
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The Department of Labor and Workforce Development Equal Opportunity Officer:

- Louise Dean, at 1016 West 6th Avenue, Suite 105, Anchorage, Alaska 99501-1963, or at telephone (907) 269-7487, or e-mail to louise.dean@alaska.gov.
- or,
- The Director, Civil Rights Center (CRC), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the state officer, you must wait either until the state officer issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the state officer does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the state officer to issue that Notice of Final Action before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the state officer). If the state officer does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I hereby certify that I have read and understand the content of this document.

APPLICANT/EMPLOYEE SIGNATURE

DATE

**This is an equal opportunity employer/program.
Auxiliary aides and services are available upon request to individuals with disabilities.**

**STATE TRAINING AND EMPLOYMENT PROGRAM (STEP)
GRIEVANCE PROCEDURE**

A reasonable effort should be made to resolve disagreements and complaints through informal discussion with staff and/or his/her immediate supervisor before filing a formal grievance.

When a disagreement cannot be resolved through informal discussion, the following formal procedure is available to all STEP applicants, participants and/or grantees that feel their assessment and/or eligibility for services has been determined in error.

**ANY TYPE OF FORMAL GRIEVANCE OR COMPLAINT MAY BE
WITHDRAWN AT ANY TIME THROUGHOUT THE PROCESS.**

SECTION ONE - HOW TO FILE A STEP GRIEVANCE

1. A formal grievance must be submitted in writing, within one year of the incident, and in accordance with these instructions. The grievance must include:

- ✓ Grievant's first and last name, contact information, mailing address and,
- ✓ The name(s) and mailing address of the person(s) or agency named in the grievance and,
- ✓ A chronological description of the chain of events that have lead to the formal grievance including detail of failed attempts to resolve the issue informally and important dates and name(s) of all parties involved. Include copies of any supporting documentation and any other information the Grievant believes is important to the issue.
- ✓ A description of the Grievant's terms necessary to resolve the grievance.

2. Mail grievances to:

ATTN: STEP Program Lead
Alaska Department of Labor and Workforce Development
Division of Business Partnerships
1016 W. 6th Ave, Suite 205
Anchorage, Alaska 99501

3. When the Division receives a formal grievance it is date stamped and given to the STEP Program Manager. The STEP Lead will review and investigate the grievance and provide a written decision to all parties within 10 working days.
4. If the STEP Program Lead fails to provide a written decision within 10 working days, or if the Grievant is dissatisfied with the STEP Program Lead's decision, the Grievant may request

a meeting with the Division's Program Section Supervisor. A request to meet with the Supervisor must be in writing.

5. The Grievant will be contacted within 10 working days after receipt of their meeting request with the Supervisor to schedule this meeting.
6. The Division's Program Supervisor will review the grievance and provide a written decision to the Grievant and STEP Program Lead within 20 working days.
7. If the Supervisor fails to provide a written decision within 20 working days or if the Grievant is dissatisfied with the Supervisor's decision, the Grievant may request a meeting with the Division Director. This request must be submitted in writing.
8. The Grievant will be contacted within 10 working days after receipt of their meeting request with the Division Director to schedule this meeting.
9. The Division Director will review the grievance and provide a written decision within 20 working days to all parties, including the Division's Program Section Supervisor and STEP Program Lead. The Division Director's decision is final.

Important Details that are your responsibility and will help you in this formal grievance process:

- ✓ Keep track of dates grievance correspondence was mailed and received.
- ✓ Keep copies of all correspondence.
- ✓ Keep track of the process deadlines.
- ✓ Mail all grievance correspondence via certified or registered mail for proof of receipt.

SECTION TWO - CRIMINAL ACTIVITY

If you have information that concerns fraud, abuse or other criminal activity, please submit it directly and immediately to the attention of the STEP Program Lead, AKDOL, Division of Business Partnerships, 1610 W. 6th Ave, Suite 205, Anchorage, Alaska 99501.

SECTION THREE - GRIEVANCES OF ALLEDGED DISCRIMINATION

The Alaska Department of Labor and Workforce Development (DLWD) is an equal opportunity employer. The State Training and Employment Program (STEP) offered through the DLWD complies with the equal opportunity employment requirements. Auxiliary aids and services are available upon request to individuals with disabilities. As such, it is against the law for this Department to discriminate:

- ✓ Against any individual in the United States, on the basis of race, color, religion, national origin, age, disability, political affiliation or belief, and

- ✓ Against any beneficiary of programs financially assisted under Title I of the State Employment & Training Program (STEP),
- ✓ On the basis of an individual's citizenship/status as a lawfully admitted immigrant authorized to work in the United States.

STEP program administrators must not discriminate in any of the following areas:

- ✓ Deciding who will be admitted, or have access to, STEP Title I financially assisted program services or activities;
- ✓ Who will be provided opportunities in such programs or activities, or,
- ✓ Employment decisions in the administration of, or in connection with, such programs or activities.

If you believe you have experienced discrimination by this Department, its representatives or agents; you may file a complaint within 180 days from the date of the alleged violation with the following equal opportunity officer:

AKDOL/WD EO Statewide Representative
Division of Business Partnerships
1610 W. 6th Ave, Suite 205
Anchorage, AK 99501
(907) 269-4661 fax

Local state EO Representatives may be found at: www.jobs.state.ak.us/eo/officers.htm

Or you can write the federal representative at:
Director, Civil Rights Center (CRC)
U. S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, DC 20210

If you file your complaint with this Department's officers, you must wait either until the Department officers issue a written Notice of Final Action, or until 90 days have passed, whichever is sooner, before filing with the federal Civil Rights Center. If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the Department to issue that Notice of Final Action before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the Department does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**STEP GRIEVANCE PROCEDURE
SIGNATURE PAGE**

I have received a copy of the STEP Grievance Procedure. I will read it and keep a copy in my records.

Signature: _____

Printed Name: _____

MENINGITIS

Know Your Risks, Learn About Vaccination

Information in this handout has been gathered from the Alaska Postsecondary Student Immunization Act (HB185) signed into law effective May 18, 2005. Additional information was gathered from the Alaska Department of Health and Social Service Division of Public Health and Web site of the American College Health Association at http://www.acha.org/projects_programs/meningitis. The Alaska Commission on Postsecondary Education (ACPE) cannot provide medical information and is not responsible for any medical information provides to schools or to students. For any questions specific to meningitis, immunizations, and related diseases, please consult a qualified medical profession.

Did you know?

- **Meningococcal disease** is a contagious but largely preventable bacterial infection that most often leads to meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or a condition called meningococcal septicemia, which is an infection of the blood.
- **Meningococcal disease is caused** by bacteria called Neisseria meningitidis that are spread person to person through air (usually by sneezing, or coughing) through direct contact with an infection person such as oral contact with shared items like cigarettes or drinking glasses, or through intimate contact such as kissing. This disease is not as contagious as things like the common cold or the flu, and it is not spread by casual contact by simply breathing the air where a person with meningitis has been.
- **Meningococcal disease is a serious illness** that can be lead to death within a few hours of onset; one out of ten cases is fatal, and in one out of seven survivors it can lead to severe and permanents disabilities, such as brain damage, hearing loss, seizures, or limb amputation.

What are the symptoms of meningococcal disease?

- High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. A rash may also develop over parts of the body, or the entire body. Other symptoms include nausea, vomiting, discomfort looking into bright lights, confusing, and sleepiness. These symptoms can develop over several hours, or they may take 1-2 days. As the disease progresses, seizures may develop. If you notice these symptoms- in yourself, friends, or others you should contact your collage health service or local hospital immediately.

Who is at the risk for meningococcal disease?

- Anyone can get meningococcal meningitis, but specific evidence suggests that college freshmen living in campus housing are at moderately increased risk to get this disease when compared to the general college population. The reasons for this increase risk are still not know for certain, but factors may include such things as crowded living situation, bar patronage, active or passive smoking, irregular sleep patterns and sharing personal items.
- Other risk groups include infants and young children, household contact to a person with meningococcal disease, refugees from parts of the world with high rates of meningococcal disease, laboratory workers who work with this bacteria, and military recruits.

Are there vaccines against meningococcal disease?

- Yes there are two safe and effective vaccines that protect against four strains of bacteria that cause meningococcal disease – serogroups A, C Y and W135. Immunization against meningococcal disease will decrease the risk of contracting the illness from these meningococcal strains.

How can meningococcal disease be prevented?

- **Many cases meningococcal disease can be prevented.** The Centers for Disease Control and Prevention and the American College Health Association recommended that all first- year students living in the residence halls be vaccinated against meningococcal disease. All other college students under the age of 25 years who wish to reduce their risk for the disease may choose to be vaccinated.
- **Vaccination is safe and effective.** It protects against four of the five most common strains (or types) of bacteria that cause meningitis. Approximately 70 to 80 percent of cases in the college age groups are caused by strains that are potentially vaccine- preventable. The most commonly reported adverse reactions among adolescents and adults in clinical studies were pain at the injection site, headache, and fatigue. These respond to simple measures (ibuprofen or acetaminophen) and resolve spontaneously within a few days.

For More Information

To learn more about meningitis and immunization visit the websites of the American College Health Association, www.acha.org/meningitis, and the Centers for Disease Control and Prevention www.oecd.gov/noidod/disease/submenu/sub_meningitis.htm.

_____ **I have received a copy of this notice on meningococcal disease**

_____ **I have received an immunization against meningococcal disease.**

Student Signature

Student Name

Date