



# Northern Industrial Training, LLC

## Application For Training

<b>Program or Programs Requested:</b> _____ _____ _____	<b>Start Date:</b> _____ _____ _____	<b>Alternate Date:</b> _____ _____ _____
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**Important:** Print clearly and complete every section. Incomplete applications will not be processed.

### Section 1: Personal Data

**Legal Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_ **SSN (required):** \_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone#** \_\_\_\_\_ **Cell/Message Phone#** \_\_\_\_\_

**Alaska Driver's License/State ID#** \_\_\_\_\_ **AK Permit Expiration Date:** \_\_\_\_\_

- Race:**  Alaskan Native     American Indian     African American     Asian Pacific Islander  
 Caucasian     Hawaiian     Hispanic     Other \_\_\_\_\_

**Emergency Contact Information:**    **Name:** \_\_\_\_\_

**Home Phone#** \_\_\_\_\_ **Work Phone#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### Section 2: Housing Information

**I will be living at:**    **Family/Friends Address:**

Home    \_\_\_\_\_

Family/Friends    \_\_\_\_\_

Hotel \_\_\_\_\_    \_\_\_\_\_

### Section 3: Employment Status/Experience

**I am:**    **Are or Were you:**    **Current Employer:** \_\_\_\_\_

Employed     Full time     Seasonal    **Last Employer:** \_\_\_\_\_

Unemployed     Part time     On-Call    **Employer Phone:** \_\_\_\_\_

**I am:**     Collecting unemployment benefits    **Length of Employment:** \_\_\_\_\_

Eligible to collect unemployment benefits

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

### Section 4: Employment Goals

Employers I am interested in:

Positions I am interested in:

Employer 1 \_\_\_\_\_

Position 1 \_\_\_\_\_

Employer 2 \_\_\_\_\_

Position 2 \_\_\_\_\_

Employer 3 \_\_\_\_\_

Position 3 \_\_\_\_\_

Please describe what job or jobs you would like to be employed in after completing this training:

Not Applicable if Employed

### Section 5: Funding Information

Please indicate how you intend to pay for your training (tuition, fees, books, tools, supplies, room and board). It is highly recommended that you apply for grants and scholarships to help fund your training. Please mark which agencies you intend to apply with:

Personal Funds  Yes  No

Employer Funded  Yes  No

Alaska Student Loans  Yes  No

Employer \_\_\_\_\_

Scholarships  Yes  No

Employer Contact \_\_\_\_\_

Alaska Native Scholarships  Yes  No

Employer Phone Number \_\_\_\_\_

State of Alaska Grants  Yes  No

(State of Alaska Dept of Labor-Workforce Development, Dept of Vocational Rehabilitation, Bureau of Indian Affairs)

Please complete the area below IF you already know which agencies will be assisting you financially:

Agency Name and Address \_\_\_\_\_

Contact Person and Phone Number \_\_\_\_\_

Agency Name and Address \_\_\_\_\_

Contact Person and Phone Number \_\_\_\_\_

### Section 6: Educational Background

#### High School Attendance

High School: \_\_\_\_\_

OR GED

City/State: \_\_\_\_\_

State Issued: \_\_\_\_\_

Month/Year graduated: \_\_\_\_\_

Year: \_\_\_\_\_

#### Post-Secondary Attendance

Have you ever attended any prior post-secondary academic or vocational institution?

No

Yes If Yes, please list:

Name	Dates Attended
_____	_____
_____	_____

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

### Section 7: Health Questionnaire

Please indicate if you have any of the following medical conditions:

- Vision Impairments
- Eye Loss
- Color Blindness
- High Blood Pressure
- Difficulty in hearing
- Epilepsy
- Limb Loss
- Diabetes
- Heart Problems
- Back or knee injuries

I understand that I may be required to lift up to 50 pounds. Training may require constant bending, twisting, stooping, lifting, climbing of stairs or hills, and sitting or standing for extended periods of time, in all types of weather

\_\_\_\_\_  
Initial

### Section 8: Personal Plans

Please describe your personal plans upon training completion.

- Not Applicable if Employed

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### Section 9: Statement of Correctness, Understanding, Authorization and Privacy Act Waiver

\_\_\_\_\_  
Required I have read and understood all NIT Admission and Training Policies. (viewable at [www.nitalaska.com](http://www.nitalaska.com))

\_\_\_\_\_  
Required I understand that my program may **require a drug screen** and **physical exam**. I understand that these are mandatory to participate in that program.

\_\_\_\_\_  
Required I **understand and consent** that if enrolled; I will be placed in a random drug testing database and could be called at any time for a retest. I understand that if I fail a drug test, at any time, I will be released from training.

\_\_\_\_\_  
Required I understand that there are physical demands of working in Alaska. I have suitable outdoor work gear such as work boots, warm jacket, pants, coat, hat, etc.

\_\_\_\_\_  
Required I understand Northern Industrial Training, LLC courses that are less than 80 hours and testing fees are non-refundable. For courses 80 hours or longer, the student enrollment contract (refund policy) applies.

\_\_\_\_\_  
Required I hereby attest that **all** the information I have provided to Northern Industrial Training, LLC is **true**, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

E-Mail, fax, or mail the completed application and all required paperwork to:

**Northern Industrial Training LLC,**  
**Attn: Admissions**  
**1740 N Terrilou Ct, Palmer, AK 99645**  
**Fax: 907.357.6430**

If you have any questions, please email: [info@nitalaska.com](mailto:info@nitalaska.com)