

APPRENTICE APPLICATION FORM



ALASKA AIR CARRIERS ASSOCIATION

Alaska Air Carriers Association
2301 MerrillField Drive A3
Anchorage, AK 99501
Phone: 907.277.0071

Completed Packet Must Include:

- Apprentice Application Form – Completed/Signed
- Apprenticeship Orientation Form - Signed
- AACA General Training Matrix– Time Sheet/Previous Experience
- Career Support and Training Services Inquirer Questionnaire – If Applying for Tools/Winter Gear from ADOL
- Copy of Alaska Driver’s License

APPLICATION DATE: _____ APPLICATION NUMBER: _____

NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING): _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

NAME OF PARENT OR GUARDIAN, IF MINOR: _____

POSITION APPLYING FOR: _____

CURRENTLY EMPLOYED: YES _____ NO _____

DATE OF BIRTH: _____

CITY OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

FELONY STATUS: _____

ANY RELATION TO EMBRY-RIDDLE EMPLOYEE: YES _____ NO _____

IF PREVIOUS ANSWER YES, THEN WHO: _____

DISABILITY: YES _____ NO _____

FIRST IN FAMILY TO ATTEND COLLEGE: YES _____ NO _____

Qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, disability or protected veteran status

WORK HISTORY — BEGIN WITH PRESENT JOB AND WORK BACKWARD (INCLUDING MILITARY SERVICE)

1. Company Name and Address: _____

Job Position: _____

Employment Dates: _____

Reason for Leaving: _____

Hourly Wage: _____

Supervisor Name: _____

2. Company Name and Address: _____

Job Position: _____

Employment Dates: _____

Reason for Leaving: _____

Hourly Wage: _____

Supervisor Name: _____

3. Company Name and Address: _____

Job Position: _____

Employment Dates: _____

Reason for Leaving: _____

Hourly Wage: _____

Supervisor Name: _____

HIGH SCHOOL

Name and Location of School: _____

Number of Years Completed: _____

Graduation or GED date: _____

Trade Related Courses: _____

Attach a copy of your high school diploma or GED. Include a copy of high school transcripts.

TRADE SCHOOLS, VOCATIONAL, COLLEGE, TRADE ASSOCIATION, OR UNION

Name and Location of School(s): _____

Number of Years Completed: _____

Trade Related Courses: _____

Attach a copy of transcripts from any post-secondary schools.

OTHER INQUIRIES

How did you learn about our apprenticeship program? _____

Have you ever been enrolled in an apprenticeship program before? Yes No

If yes, complete the following:

Trade: _____

Program Sponsor: _____

Address: _____

Length of time enrolled: _____

Did you complete the program? Yes No

If you did not complete the program, reason for leaving: _____

List any skills or trade knowledge you have. What do you know how to do in this trade?

Do you have reliable transportation? ____ Yes ____ No

Do you have a current Drivers License or CDL? ____ Yes ____ No

If yes, Driver License Number: _____

MILITARY TRAINING

Did you take any construction-related courses in the military? ____ Yes ____ No

If yes, what courses? _____

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JOB CORPS

Did you take any construction-related courses in Job Corps? _____ Yes _____ No

If yes, what courses? _____

REFERENCES

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

ADDITIONAL DOCUMENTATION

If previous college or military experience:

- Provide most recent unofficial transcript

-OR-

If recent high school graduate or GED recipient with no college or military:

- Provide 2 recommendations from a teacher, counselor, and/or employer

-AND-

- If 20 years of age or older, provide a resume detailing work history

-OR-

- If younger than 20 years of age, provide a 300-500 word essay describing career goals and how Embry-Riddle can help with achieving those goals

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Authorization and Understanding

Completeness and Accuracy of Information:

I affirm that all the information now or hereafter given by me in support of my application for apprenticeship is true and complete. I understand that any false or misleading information in support of my application may disqualify me from becoming an apprentice or subject me to discharge at any time during the period of my apprenticeship. If I have any questions about this application or the selection process, I will direct them to the Apprenticeship Program Sponsor prior to submitting the completed application.

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 them 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.

Authorization of Release of Information

I authorize Alaska Air Carriers Association (AACA) to share information with the Department of Labor personal and educational data that is gathered during my application and apprenticeship duration.

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 terms.

Applicant's Signature

Date

RACE/ETHNIC/SEX/VETERAN STATUS:

- a. Race (mark one or more; voluntary)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
- b. Ethnic Group (mark one; voluntary)
 Hispanic or Latino
 Not Hispanic or Latino
- c. Sex (mark one)
 Male Female
- d. Veteran Status (mark one)
 Non Veteran Veteran

This data is used for apprenticeship program statistical purposes and is maintained, pursuant to the Privacy Act of 1974 (5 U.S.C. 552a.), in a system of records entitled, DOL/ETA-4, Apprenticeship Management System (AMS), at the Office of Apprenticeship, U.S. Department of Labor.

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