

APPRENTICE APPLICATION FORM



Alaska Air Carriers Association  
2301 Merrill Field Drive A3  
Anchorage, AK 99501  
907.277.0071

APPLICATION DATE: 07/17/2017 APPLICATION NUMBER: \_\_\_\_\_  
NAME: James Schley  
MAILING ADDRESS: PO Box 2266 Palmer, AK  
99645  
TELEPHONE: 907-240-1764  
E-MAIL ADDRESS: Jamie flyboy 007 @ gmail.com  
NAME OF PARENT OR GUARDIAN, IF MINOR: \_\_\_\_\_  
POSITION APPLYING FOR: pilot  
CURRENTLY EMPLOYED: YES  NO \_\_\_\_\_  
DATE OF BIRTH: 08/08/1976  
SOCIAL SECURITY NUMBER (Optional): \_\_\_\_\_

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

1. Company Name and Address: Hageland Aviation  
\_\_\_\_\_  
Job Position: Maint Supervisor  
Employment Dates: March 2012  
Reason for Leaving: Current  
Hourly Wage: Salary \$33.00 hr.  
Supervisor Name: Mike Harris (DOM)
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: Franklin High, Franklin, NC  
Number of Years Completed: 12  
Graduation or GED date: 1995  
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): AIM Aviation Institute of Maint.  
Number of Years Completed: 18 months  
Trade Related Courses: A&P mechanic

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

OTHER INQUIRIES

How did you learn about our apprenticeship program? Work

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?

A+p mechanic / Private Pilot

Do you have reliable transportation?  Yes  No

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

If yes, Driver License Number: 7427057

Is your license suspended at this time?  Yes  No

#### MILITARY TRAINING

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

If yes, what courses? \_\_\_\_\_

#### 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: \_\_\_\_\_

## Authorization and Understanding

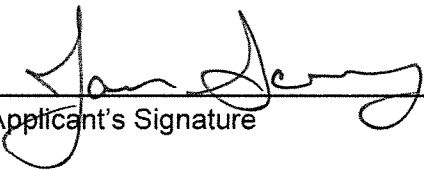
### Completeness and Accuracy of Information:

I affirm that all of 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.

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

7/17/2017  
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.*

**APPENDIX E**  
**EMPLOYER ACCEPTANCE AGREEMENT**

The foregoing undersigned Employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the Alaska Air Carriers Association. As a Participating Employer we agree to carry out the intent and purpose of said Standards and to abide by the rules and decisions of the Program Sponsor established under these Apprenticeship Standards. We have been furnished a true copy of the Standards and have read and understood them, and do hereby request certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the Program Sponsor or Registration Agency. On-the-job, the apprentice is hereby guaranteed assignment to a skilled and competent journeyworker and is guaranteed that the work assigned to the apprentice will be rotated so as to ensure training in all phases of work.

This form must be signed and returned to the Program Sponsor prior to employing and training any apprentices.

Return completed form to: Alaska Air Carriers Association  
2301 Merrill Field Drive, A-3  
Anchorage, AK 99501  
Phone: 907-277-0071  
[Director@alaskaaircarriers.org](mailto:Director@alaskaaircarriers.org)

Employer Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Company Representative/Title: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation Title:			
Journeyworker/Technician Hourly Wage:			
Workforce Statistics	Total	Female	Journeyworker
Total Workforce		N/A	N/A
Journeyworkers (currently employed)			
Apprentices (to be employed)			

Approved by Program Sponsor:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition:

Original - Program Sponsor  
Copies - Employer and Registration Agency