



ANCHORAGE OFFICE
(907)569-4711
FAIRBANKS OFFICE
(907)457-2597

Client Registration Form

Complete this form if you are interested in receiving services other than apprenticeship information (such as training assistance, support services, tool allowance, Helmets to Hardhats, WIT, WIA, etc.) from Alaska Works Partnership.

1. Mark all the construction trades you have work experience in. Then CIRCLE the one you most are interested in.

- | | | | | |
|---|--|---|---|--|
| <input type="radio"/> Boilermaker | <input type="radio"/> Construction Driver | <input type="radio"/> Heavy Eqpt Operator | <input type="radio"/> Piledriver | <input type="radio"/> Sheetmetal Worker |
| <input type="radio"/> Bldg. Maint./Repair | <input type="radio"/> Electrical Lineman | <input type="radio"/> Insulation Worker | <input type="radio"/> Plumber/Pipefitter | <input type="radio"/> Service Oiler |
| <input type="radio"/> Bricklayer | <input type="radio"/> Electrical Wireman | <input type="radio"/> Ironworker | <input type="radio"/> Plumber/Steamfitter | <input type="radio"/> Teamster Surveyor |
| <input type="radio"/> Carpenter | <input type="radio"/> Floorcoverer/Glazier | <input type="radio"/> Laborer | <input type="radio"/> Roofer/Waterproofer | <input type="radio"/> Telecommunications |
| <input type="radio"/> Cement Mason | <input type="radio"/> Heavy Eqpt Mechanic | <input type="radio"/> Painter/Taper | <input type="radio"/> Other: _____ | |

2. Do you have a strong fear or dislike of any of these conditions? (Choose all that apply.)

- | | | | | |
|---------------------------------------|----------------------------------|------------------------------------|--|-------------------------------------|
| <input type="radio"/> Work at Heights | <input type="radio"/> Dirty Work | <input type="radio"/> Outdoor Work | <input type="radio"/> Confined Spaces | <input type="radio"/> Noisy Places |
| <input type="radio"/> Cold Work | <input type="radio"/> Hot Work | <input type="radio"/> Travel | <input type="radio"/> Hard Physical Work | <input type="radio"/> Powered Eqpt. |

3. Are you an apprentice? YES NO Are you a journeyman? YES NO

4. List any training completion certificates you hold: _____

5. List licenses or certifications you hold: _____

6. Construction is a drug free environment. Are you willing to take periodic drug tests? YES NO

7. Would you be willing to relocate for training or employment? YES, TRAINING YES, EMPLOYMENT NO

8. What is the highest grade you completed in school? 8 9 10 11 12 13 or More

9. Do you have a high school diploma or GED? YES, DIPLOMA YES, GED NO

10. Do you have a high school transcript? YES NO High School Exit Date: -
Year Month

11. Do you need help getting a copy of your diploma/GED or transcript? YES NO

12. Name of your most recent or current employer: Location (Town/Community): State:

13. What was your total income last year? \$ 14. How long have you lived in Alaska? Years

15. Gender: MALE FEMALE 16. Disabled? YES NO If yes, are there jobs you cannot do? YES NO

17. Marital status: MARRIED SINGLE/DIVORCED 18. Number of Dependents (children/others):

19. Are you a U.S. citizen or legal worker? YES, CITIZEN YES, LEGAL WORKER NO

20. Do you have your birth certificate? YES NO Do you need help getting it? YES NO

21. Are you seeking or now receiving assistance (TANF, ATAP, Food Stamps, probation/parole, Tribal support)? YES NO

Agency Name

Contact Name

- -
Telephone (Area Code First):

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22. Do you have a valid Alaska driver's license? YES NO Do you need help getting one? YES NO

23. Do you have any DUI convictions? YES NO If yes, what year?

24. What is your race/ethnicity? Please make no more than 2 choices: American Indian Non-Hisp. African Am.
 Non-Hisp. Caucasian Alaska Native Hispanic/Latino Asian American/Pacific Islander

25. U.S. veteran? YES NO Discharged? YES NO If yes, can you get DD 214? YES NO

If not discharged, what is your expected discharge date? - -

Service Branch: Air Force Army Marines Navy Coast Guard National Guard/Reserves

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 Alaska Works Partnership may provide this information in personally identifiable form to the State of Alaska, the federal government, or private organizations to receive program funding or to provide or obtain services for me. In addition, I authorize AWP to obtain personally identified information about my employment, education, and participation in public assistance programs from the state government, my employers, or other organizations when needed to carry out AWP program objectives. Understanding this need, I authorize these entities to release and/or verify such information to AWP at any time without my further consent.

Your Signature:

Social Security Number:

Today's Date:

- -

- -

Month Day Year

Date of Birth:

- -

Month Day Year

E-Mail

Address:

Permission to Use Image: Alaska Works would like to use your photo image and a brief biography in promotional materials. Will you permit unrestricted use without any compensation to you? YES NO

Printed Name: (One letter per box.)

First

M.I.

Last

Street Address

City

State

Zip

Telephone (Area Code First):

Message Phone (Area Code First):

Mailing Address (If Different):

P.O. Box or Address

City

State

Zip

Permanent Contact (Someone who does not live with you, who has a phone and knows how to contact you if you move.)

First

M.I.

Last

Street Address

City

State

Zip

Telephone (Area Code First):

Relationship