



# 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: A \$25 Non-Refundable Application Fee is Required for all programs Longer than 80 Hours**  
 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#** \_\_\_\_\_

**Driver's License/State ID#** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Sex:**  Male  Female  Prefer Not to Disclose

**Race:** Alaskan Native American Indian African American Asian Pacific Islander  
 Caucasian Hawaiian Hispanic Prefer Not to Disclose Other

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

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

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

### Section 2: Housing Information

**I will be living at/with:**  Home  Family/Friends  Hotel \_\_\_\_\_  
**Family/Friends Address:** \_\_\_\_\_  
 \_\_\_\_\_

### Section 3: Employment Status/Experience

**I am:**  Employed  Unemployed **Are or Were you:**  Full time  Seasonal  Part time  On-Call **Current Employer:** \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_

**I am:**  Collecting unemployment benefits  Eligible to collect unemployment benefits **Previous Employer:** \_\_\_\_\_  
 Date of Employment: \_\_\_\_\_  
 Length of Employment: \_\_\_\_\_

**I am:**  Veteran  Out Processing  Active Duty **Branch of Service:** \_\_\_\_\_

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

Education Level: \_\_\_\_\_

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

I understand that I must submit a **\$25 non-refundable application fee for all programs Longer than 80 Hours with this application.**

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.

Required \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-Mail, fax, or mail any questions 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)



## Enrollment Policies

NIT courses are available to any student that meets our eligibility requirements. Potential students will be asked to complete an application. A \$25 non-refundable application fee will be required. When the application is signed and returned to the Admissions Office, the staff will discuss tuition and fees and potential funding sources that may be available. All applicants will be contacted within two business days of application submission.

For vocational training programs, students must obtain a Federal Motor Carrier Safety Association/Department of Transportation (FMCSA/DOT) or a DOT equivalent drug test and a DOT physical or Pre-Participation physical based on the applicable program. Applicants must be able to fulfill all program prerequisites in order to be eligible for enrollment. Please see specific requirements for each individual program.

Program costs cover the total costs of tuition and course materials. **Additional costs not included in this price are, but not limited to: drug test and physicals, CDL permit and licensing fees, transportation, room and board, child care, etc. It is the applicant's responsibility to secure funding or provide payment for tuition and any training related costs.** To be enrolled in any program, 25% of the total cost of tuition is required, and full payment is expected within 10 business days prior to the start of any vocational program. For Pro Truck Driver applicants, in addition to the 25% deposit, a passing DOT physical and driver's history report must be submitted. For applicants who are working with the State of Alaska, Department of Veteran Affairs, Alaska Student Loan Program, Native corporations for scholarship funds, or other third party funders, written notification of full funding must be received 10 business days prior to the start of class. It is the applicant's responsibility to contact their funding agencies. There are no provision for partial payment of fees.

A \$30 non-refundable fee will be charged for all checks returned for non-sufficient funds. Before attending class, this fee and the amount of the check must be paid to NIT by money order, cashier's check, or in cash.

Once an applicant is enrolled into a program but prior to the beginning of that program, our cancellation policy will apply. A \$100 withdrawal fee will be deducted from one's total refund from any prepayment for administrative costs incurred by an applicant's program withdrawal.

If a refund is due after tuition and fees have been paid once a program has begun, the refund policy will apply.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_