



Northern Industrial Training, LLC

Application For Training

| | | |
|--|-----------------------------|---------------------------------|
| Program or Programs Requested: _____ | Start Date: _____ | Alternate Date: _____ |
|--|-----------------------------|---------------------------------|

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.

Northern Industrial Training, LLC is a Candidate for Accreditation by the Commission of the Council on Occupational Education.

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: _____

Date of Employment: _____
Length of Employment: _____

I am: Collecting unemployment benefits Eligible to collect unemployment benefits **Previous Employer:** _____

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

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)

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

Council on Occupational Education
7840 Roswell Road. Building 300, Suite 325
Atlanta GA, 30350

If you have any questions, please email: 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 a program, 25% of the total cost of tuition is required, and full payment is expected within 10 days prior to the start of any vocational program unless other arrangements have been made. 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 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: _____