

Alaska Works Partnership Inc. BMR Registration

Today's Date _____

Anchorage OfBce (907) 569-4711
Fairbanks OfBce (907) 457-2597

Working Together For Jobs

Client Information

Gender **M** or **F**

_____-_____-_____-
Social Security Number

First Name _____ MI _____

Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth (mm/dd/yyyy) ____/____/____
month day year

Ethnicity

African American _____
Alaska Native _____
American Indian _____
Asian American _____
Caucasian _____
Hispanic / Latino _____
Pacific Islander _____

Apprenticeship Outreach

Are you an apprentice? **Y** or **N**

If **Yes**, What Trade _____

If **NO**, would you like to receive
apprenticeship information? **Y** or **N**

- Are you a US citizen or legally able to work in the US? **Y** or **N**
- Do you have a valid Alaska driver's license? **Y** or **N**
- Do you have a high school diploma or GED? **Y** or **N**
- Years of education: 8 9 10 11 12 13 more
- Are you a veteran? **Y** or **N**
- Are you registered with "Helmets to Hardhats" **Y** or **N**

Client Contact Information

Email Address _____

_____-_____-_____-
Cell Phone

_____-_____-_____-
Home / Alternate Phone

_____-_____-_____-
Work Phone

Permanent Family Contact Information

*Someone who has a different phone number and knows how to
contact you if you move.*

First Name _____

Last Name _____

Mailing Address _____

City _____

State Zip _____

Relationship _____

Phone Number _____
(different from yours)

Authorization to Release or Obtain Information

I authorize AWP to release (or obtain) personally identified information about my employment, education, and participation in programs to (or from) state or federal government, my employers, or other organizations when needed to carry out AWP program objectives. Understanding this need, I authorize AWP to release (or obtain) and or verify such information to (from) outside agencies at any time without my further consent.

Media Release: For and in consideration of the opportunity and privilege of appearing in or participating in one or more video recordings, sound tracks, films, photographs, written articles, brochures, training manuals, or recordings, I hereby consent to the use and editing thereof and release AWP, the Department of Labor and Workforce Development and its employees and assignees from any and all claims resulting from such use, sale, editing and release to the newspapers and / or television stations / channels / newsletters or training manuals.

Participant Signature _____

Date _____

Briefly describe why you want to become a Building Maintenance Repairer Apprentice:

Briefly describe your interest in construction work:

WORK HISTORY:

Currently Employed: ___ YES ___ NO

Begin with the present or last job and work backward (including military service):

1. Name and Address of Company: _____

Job: _____

Employment Dates: From ___ / ___ / ___ To ___ / ___ / ___ Wage \$ _____ per hour

Reason for Leaving _____

Supervisor Name _____

2. Name and Address of Company: _____

Job: _____

Employment Dates: From ___ / ___ / ___ To ___ / ___ / ___ Wage \$ _____ per hour

Reason for Leaving _____

Supervisor Name _____

3. Name and Address of Company: _____

Job: _____

Employment Dates: From ___ / ___ / ___ To ___ / ___ / ___ Wage \$ _____ per hour

Reason for Leaving _____

Supervisor Name _____

4. Name and Address of Company: _____

Job: _____

Employment Dates: From ___ / ___ / ___ To ___ / ___ / ___ Wage \$ _____ per hour

Reason for Leaving _____

Supervisor Name _____

Education:

Name and Location of High School: _____

Graduation ___ or GED ___ Date: ___ / ___ / ___ or highest grade completed ___

Any Trade related Courses: _____

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

List any Trade Schools, Vocational Institutes, or college you attended: (Examples- AVTEC, Job Corps, UAA)

Name and Location of School: _____

Trade Related Courses: _____ Completed Date: _____

Name and Location of School: _____

Trade Related Courses: _____ Completed Date: _____

Name and Location of School: _____

Trade Related Courses: _____ Completed Date: _____

Name and Location of School: _____

Trade Related Courses: _____ Completed Date: _____

Attach a copy of completion certificates and transcripts of post secondary schools



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 and address: _____

Length of time enrolled: _____ Did you complete the program? ___ YES ___ NO

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

Do you have reliable transportation? ___ YES ___ NO

DO you have a current Drivers License or CDL? ___ YES ___ NO (*If yes need to attach a copy*) Is

your license suspended at this time? ___ YES ___ NO

References:

Name: _____

Address: _____

Contact Information:

Name: _____

Address: _____

Contact Information:

Name: _____

Address: _____

Contact Information:



Please read and sign the following that you agree to the terms of the apprenticeship program:

I commit to being drug-free throughout the duration of the Apprenticeship Program. I will submit to drug-testing if required to by the apprenticeship program and or contractor employers if I am selected.

Signature

Date

I am physically able to participate in all aspects of the apprenticeship program. I understand it is advised to check with my health care provider before beginning this training program.

Signature

Date



Have you attached copies of the following documents?

- State of Alaska Drivers License or State ID
- Social Security Card
- High School Diploma or GED
- High School Transcripts or GED Test Scores
- Birth Certificate
- Copy of Resume

Have you completed and attached the following forms?

- Alaska Works Partnership Information Form
- Applicant Acceptance Agreement Form

AWP Client Individual Employment Plan Construction / Apprenticeship

Complete and return to receive assistance

Date _____
SS Number _____

Alaska Works Partnership Inc Phone (907) 457-2597 Fax (907) 457-2591

First Name

MI Last Name

| | | | | | |
|--------------------------|--------------------|----------------------|------------|---------------|--------------------------------------|
| Address | City | State | Zip | Gender | / / Date of Birth xx/xx/xx |
| Home Phone number | Cell number | Email Address | | | |

Employment Checklist - Check all items below that you currently hold

- | | | | |
|-------------------------------|-------------------------|--------------------------------|-------------------------------------|
| Birth Certificate | Cover Letter | Good Driving Record | Letters of Recommendation |
| Drivers License DD-214 Resume | WorkKeys Test | Algebra 1/math level | Additional Certifications/Education |
| | Key Train Practice Test | High school diploma or GED | |
| | Social Security Card | Transcripts and/or Test Scores | |

Employment Goals Construction Training Construction Employment Trade Apprenticeship

Work Experience - please describe your work experience for the last 5 years. (use a second sheet if needed)

Which trade(s) interest you?

- ASBESTOS WORKERS
- BOILERMAKERS
- BRICKLAYERS
- BUILDING MAINTENANCE REPAIR
- CARPENTER
- CEMENT MASONS
- ELECTRICAL
- IRON WORKER
- GLAZIERS
- LABORERS
- MILLWRIGHT
- OPERATORS
- OPERATORS - OILERS
- OPERATORS - MECHANICS
- PAINTERS / DRYWALL
- PILEDRIVERS
- PLUMBERS and PIPE FITTERS
- ROOFERS
- SHEET METAL WORKERS
- TEAMSTER (Surveyor)
- TEAMSTER (Construction Driver)
- TEAMSTER (Logistics Tech)

Identified Barriers - Please identify any barriers you for see that might restrict your ability to achieve your employment goals.

Can't Relocate Lack Family Support Alcohol / Substance Legal Physical Mental

By signing below, I confirm the the above information is correct and authorize AWP Staff to hold in confidence my personal information.

Participant Signature _____

Date _____

----- Office use only ----- Do not write below this line -----

Apprenticeship Requirements

Plans for achievement

Recommendations

- Birth Certificate
- Drivers License
- DD-214
- Resume
- Cover Letter
- WorkKeys Test
- Key Train Practice Test
- Social Security Card
- Good Driving Record
- Algebra 1/Math level
- High school diploma or GED
- Transcripts and/or Test Scores
- Letters of Recommendation
- Additional Certifications/Education

- Attend Interview Skills Training
- Additional Training / Education
- Other Employment
- Volunteer
- Other (see notes)

Notes

Do You agree with this statement?

"This IEP has been explain to me in a way that I can understand by an AWP Staff Member"

Yes No

AWP Staff Signature _____ Date _____

APPLICANT AGREEMENT

I fully understand and agree that if I am selected for this program I will:

- I. Sign an agreement with this committee to abide by the Standards and Policies of the program and to do my best both on the job and in my related training to reach my full potential in a timely manner.
- II. Be available for job dispatch at all time when physically able, and accept jobs as they come, agreeing to work on any job site served by this program.
- III. Abstain from the use of alcohol and other drugs while participating in related training and on-the-job training or at any time that could adversely affect my efficiency, promptness, dependability or safety on the job or in related training.**
- IV. Notify the Alaska Works Partnership office of changes in my mailing address or phone number.
- V. Be on time every day, both at work and to related training.
- VI. Be terminated from this program for unexcused or excessive absences from work or related training.

I further understand that there are many more applicants than openings for this program and I confirm that I was interviewed by the Alaska Works Partnership Apprenticeship Joint Committee and believe that I have had a fair and impartial interview.

Printed Name of Applicant

Social Security Number

Signature of Applicant

Date

MENINGITIS

Know Your Risks

Learn About Vaccination

Important Notice:

Information in this handout has been gathered from the Alaska Postsecondary Student Immunization Act (HB185) signed into law effective May 18, 2005. Additional information was gathered from the Alaska Department of Health and Social Service Division of Public Health and Web site of the American College Health Association at <http://www.acha.org/projectsprograms/meningitis>. The Alaska Commission on Postsecondary Education (ACPE) cannot provide medical information and is not responsible for any medical information provided to schools or to students. For any questions specific to meningitis, immunizations, and related diseases, please consult a qualified medical profession.

Did you know?

- **Meningococcal disease** is a contagious but largely preventable bacterial infection that most often leads to meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or a condition called meningococcal septicemia, which is an infection of the blood.
- **Meningococcal disease is caused** by bacteria called *Neisseria meningitidis* that are spread person to person through air (usually by sneezing, or coughing) through direct contact with an infection person such as oral contact with shared items like cigarettes or drinking glasses, or through intimate contact such as kissing. This disease is not as contagious as things like the common cold or the flu, and it is not spread by casual contact by simply breathing the air where a person with meningitis has been.
- **Meningococcal disease is a serious illness** that can lead to death within a few hours of onset; one out of ten cases is fatal, and in one out of seven survivors it can lead to severe and permanent disabilities, such as brain damage, hearing loss, seizures, or limb amputation.

What are the symptoms of meningococcal disease?

- High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. A rash may also develop over parts of the body, or the entire body. Other symptoms include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. These symptoms can develop over several hours, or they may take 1-2 days. As the disease progresses, seizures may develop. If you notice these symptoms- in yourself, friends, or others you should contact your college health service or local hospital immediately.

Who is at the risk for meningococcal disease?

- Anyone can get meningococcal meningitis, but specific evidence suggests that college freshmen living in campus housing are at moderately increased risk to get this disease when compared to the general college population. The reasons for this increase risk are still not known for certain, but factors may include such things as crowded living situation, bar patronage, active or passive smoking, irregular sleep patterns and sharing personal items.
- Other risk groups include infants and young children, household contact to a person with meningococcal disease, refugees from parts of the world with high rates of meningococcal disease, laboratory workers who work with this bacteria, and military recruits.

Are there vaccines against meningococcal disease?

- Yes there are two safe and effective vaccines that protect against four strains of bacteria that cause meningococcal disease – serogroups A, C Y and W135. Immunization against meningococcal disease will decrease the risk of contracting the illness from these meningococcal strains.

How can meningococcal disease be prevented?

- **Many cases meningococcal disease can be prevented.** The Centers for Disease Control and Prevention and the American College Health Association recommended that all first- year students living in the residence halls be vaccinated against meningococcal disease. All other college students under the age of 25 years who wish to reduce their risk for the disease may choose to be vaccinated.
- **Vaccination is safe and effective.** It protects against four of the five most common strains (or types) of bacteria that cause meningitis. Approximately 70 to 80 percent of cases in the college age groups are caused by strains that are potentially vaccine- preventable. The most commonly reported adverse reactions among adolescents and adults in clinical studies were pain at the injection site, headache, and fatigue. These respond to simple measures (ibuprofen or acetaminophen) and resolve spontaneously within a few days.

For More Information

To learn more about meningitis and immunization visit the websites of the American College Health Association, www.acha.org/meningitis, and the Centers for Disease Control and Prevented www.cdc.gov/noidod/disease/submenus/sub_meningitis.htm.

____ I have received a copy of this notice on meningococcal disease ____ I
have received an immunization against meningococcal disease.

Student Name

Student Signatures

Date

Required Documents

Must be submitted along with your complete application
in order to be scheduled for an interview.

Copy of Birth Certificate (You must be at least 18 years old.)

Valid Photo ID or Drivers License

Proof of Residency

- Receipt showing you **RECEIVED** a Permanent Fund Dividend check
- **OR** a copy of your Voter Registration Card
- **OR** a copy of your hunting or fishing license
- **OR** copies of rent receipts for the last year
- **OR** copies of utility or phone bills for the last year
- **OR** some other similar documentation

Proof of Secondary Education

- Copy of your High School Diploma **AND** official transcripts (from school)
- **OR** a copy of your GED Certificate **AND** test scores

Copy of DD214 (If you were in the military)

**Copies of Proof of Hours of Previous
Training and Experience**

- Certificates of Completion of Training Programs
- Diplomas from Trade Schools or Apprenticeship Programs
- Letters from previous employers on Company letterhead showing hours and type of work

Apprenticeship Orientation Form

All apprentices to registered shall review with the program sponsor the following conditions of apprenticeship:

| (Circle Appropriate Answer) | | |
|--------------------------------------|-----|----|
| 1. REGISTERED STANDARDS | YES | NO |
| 2. WAGE PROGRESSION POLICIES | YES | NO |
| 3. DISCUSS JOB SITE SAFETY | YES | NO |
| 4. RELATED INSTRUCTION REQUIREMENTS | YES | NO |
| 5. WORK EXPERIENCE (TRADE SCHEDULE) | YES | NO |
| 6. RECORD KEEPING RESPONSIBILITIES | YES | NO |
| 7. RESPONSIBILITIES OF APPRENTICE | YES | NO |
| 8. RESPONSIBILITIES OF EMPLOYER/JATC | YES | NO |
| 9. COMPANY AND/OR JATC POLICIES | YES | NO |
| 10. COMPLAINT PROCEDURES | YES | NO |

| | | |
|--|--|--|
| | | |
| | | |
| | | |

SPONSOR: This form is to be signed by the new apprentice and submitted with the completed apprenticeship agreement for registration.

AWP Skill and Interest Interview

Person Interviewed (Name): _____

Interviewer Name (print name & sign): _____

Representing: _____

Date: _____

Please use this interview sheet to keep track of the people with whom you speak and what they say. Use a new sheet for each interview.

| | | |
|-------------|---------|--|
| Interview | 1 to 30 | |
| Application | 1 to 10 | |
| HSD/GED | 1 to 5 | |
| Total Score | 45 | |

Rating Key

Please write the score **in each box under the Question Number** after you have taken notes on the answer.

| Answer Score | Excellent | Good | Fair | Poor | Inadequate |
|--------------|-----------|------|------|------|------------|
| | 5 | 4 | 3 | 2 | 1 or 0 |

| | |
|------------|--|
| Question 1 | Please tell us about your construction experiences. (Circle all that apply.) Carpentry, Electrical, Plumbing, Laborer, Plaster/Cement, Painting & Allied Trades Teamster, Pipefitting, Sheetmetal, Insulation, Roofing, Ironworker, Pile Driver Operating Engineers, Building Maintenance Repairer |
| score | comments |
| Question 2 | Which trade or trades did you enjoy the most and why? |
| score | comments |
| Question 3 | What goals would you like to achieve as a construction worker? |
| score | comments |
| Question 4 | How do you feel about having to do any hard physical labor that may be required of you? |
| score | comments |
| Question 5 | What have you accomplished that you are really proud of? |
| score | comments |
| Question 6 | What are your strengths and weaknesses as you see them? |
| score | comments |

Additional Comments related to the person interviewed on back

BMR Apprentice Evaluation

Supervisor's name (print)

Date of Evaluation

Apprentice's name (Print)

Company Name _

| Rate work attributes that describe this student by marking with an X | | | | | |
|--|--------|---------|-------------------|--------|-------|
| Work Attributes | Always | Usually | Needs Improvement | Seldom | Never |
| Punctual | | | | | |
| Respects Other's Property | | | | | |
| Displays Good Work Habits | | | | | |
| Cooperative | | | | | |
| Dependable | | | | | |
| Effective Use of Time | | | | | |
| Completes Tasks | | | | | |
| Productive | | | | | |
| Positive Attitude | | | | | |

Current Job, Location and description of Job, how long has the apprentice been on this job?

Apprentice Comments:

Supervisor's Signature _____ phone _____ Date

Apprentice's Signature _____ Date

Fax complete form to: AWP - BMR Apprenticeship Program fax (907) 569-4716