

Short Course Training Application

PO BOX 889
Seward, AK 99664
(800) 478-5389
Email completed application to maritime@avtec.edu



| PERSONAL INFORMATION | | | | | |
|--|--------------|--------------------------------|--|----------------|---|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | M. I. | Social Security Number <small>(required)</small> | | |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | City | State | Zip Code | Date of Birth | Gender |
| (____) _____ | (____) _____ | _____ | _____ | ____/____/____ | |
| Home Phone | Cell Phone | E-mail Address | | | |
| _____ | _____ | _____ | | | |
| EMERGENCY NOTIFICATION | | | | | |
| Name: _____ | | Relationship: _____ | | | |
| Address: _____ | | City: _____ | State: _____ | Zip: _____ | |
| Home Phone: _____ | | Work Phone: _____ | Cell Phone: _____ | | |
| _____ | | | | | |
| TRAINING CHOICE – Please list the training courses you are applying for. | | | | | |
| Course Name: _____ | | Enrollment Date Desired: _____ | | | |
| Course Name: _____ | | Enrollment Date Desired: _____ | | | |
| Course Name: _____ | | Enrollment Date Desired: _____ | | | |
| HOUSING | | | HOW DID YOU HEAR ABOUT AVTEC? | | |
| Please indicate your housing preference while attending training: | | | <input type="checkbox"/> Agency Referral <input type="checkbox"/> Alumni Referral <input type="checkbox"/> Current Student <input type="checkbox"/> Friends/Family <input type="checkbox"/> HS Counselor/Teacher <input type="checkbox"/> Internet <input type="checkbox"/> Met AVTEC Rep at Job Fair <input type="checkbox"/> Social Media <input type="checkbox"/> Toured AVTEC <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Dormitory *MINIMUM AGE IS 18 YEARS OLD FOR ACCEPTANCE INTO THE DORM* <input type="checkbox"/> Family Housing (Family Housing is limited) <input type="checkbox"/> Off Campus | | | | | |
| CITIZENSHIP & ETHNICITY - <i>Voluntary completion by all applicants</i> | | | ETHNICITY - <i>Voluntary completion by Non-Hispanics only</i> | | |
| <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Race and Ethnicity Unknown <input type="checkbox"/> Hispanic of Any Race | | | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races | | |

 809 Second Ave, PO Box 889
Seward, AK 99664

 phone: (907) 224-3322
fax: (907) 224-4400

 avtec.edu

AVTEC, as an employer and service provider, complies with Alaska Human Rights Law and Federal Civil Rights Laws. Individuals with disabilities who require reasonable accommodations are welcome to contact AVTEC at admissions@avtec.edu or (800) 478-5389 or for individuals that are deaf or hard of hearing via Alaska Relay at 711 or (800) 770-8973. We are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. AVTEC is a division of the State of Alaska, Department of Labor and Workforce Development.

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| BACKGROUND DATA | |
|--|--|
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently incarcerated, on probation or parole, or have been within the past six months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been court ordered to complete an assessment or treatment program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| ADMISSION REQUIREMENTS | |
|---|-------------|
| All maritime courses are required to be paid in full or a written authorization from a funding source to reserve a training position; this includes Non-refundable Application Fee \$50, Tuition, Books/Supplies. If applying for more than one maritime class simultaneously, only one \$50 app. | |
| SIGNATURE – To the best of my knowledge, the above information is true and correct | |
| Applicants who do not provide accurate and complete information will not be scheduled for training. If an applicant provides false information, his/her acceptance will be canceled. | |
| BY SUBMITTING THIS APPLICATION, I AGREE THAT ALL INFORMATION IS ACCURATE AND CORRECT. | |
| _____ | _____ |
| SIGNATURE | DATE |

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