



# APPLICATION FOR TRAINING

(PLEASE PRINT PLAINLY -- INK PREFERRED)

Date

Company Training Applied For:

County you live in:

It is the official policy of the AIDT that no person shall, on the grounds of race, color, disability, sex, political or religious opinions, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Name	(First)	(Middle)	(Last)	Social Security Number
Present Mailing Address	(Number)	(Street)	(City)	(State) (Zip)
Telephone Number (1st choice)	( ) - ( ) - ( )			
Previous Address	(Number)	(Street)	(City)	(State) (Zip)
Telephone Number (2nd choice)	( ) - ( ) - ( )			

EDUCATION	GRADUATE		NAME OF SCHOOL/INSTITUTION AND LOCATION	DATE		MAJOR COURSES TAKEN
	YES	NO		FROM MO/YR	TO MO/YR	
HIGH SCHOOL DIPLOMA						
GED						
HIGH SCHOOL CERTIFICATE						
TECHNICAL COLLEGE/INSTITUTE						
COLLEGE/UNIVERSITY						

What other special training or education have you had including other AIDT sponsored programs?

EMPLOYMENT HISTORY	LAST OR CURRENT JOB HELD		SECOND TO LAST JOB HELD		THIRD TO LAST JOB HELD	
DATES EMPLOYED	FROM - MO/YR	TO - MO/YR	FROM - MO/YR	TO - MO/YR	FROM - MO/YR	TO - MO/YR
COMPANY						
ADDRESS/LOCATION						
CURRENT OR ENDING HOURLY WAGE RATE						
JOB TITLE OR MAJOR JOB DUTY						
REASON FOR LEAVING						

List and describe specialized skills, and/or equipment on which you have experience.


**REFERENCES**  
LIST THREE PERSONS WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

**GENERAL**

Notify in Case of Emergency:	(Name)	(Address)	(Telephone Number)
Have you been employed previously by the company for which we are conducting training? Yes _____ No _____ If so, when, where, and what was your job?			
Are you related to anyone now employed by the company for which we are conducting training? Yes _____ No _____ If yes, what relation?		Can you show proof of your eligibility to work in the U.S.? Yes _____ No _____	
Are you able to attend training at night? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, do you have a work permit? Yes _____ No _____	
Are you able to attend training during the day? Yes <input type="checkbox"/> No <input type="checkbox"/>		Permit Number: _____	
Saturday? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If required by the job, are you willing to work: Day shift <input type="checkbox"/> Night shift <input type="checkbox"/> Swing shift <input type="checkbox"/> Rotating shift <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Holidays <input type="checkbox"/>			

PLEASE READ THE FOLLOWING. SHOULD YOU BE INTERVIEWED AND SELECTED TO ATTEND THE TRAINING PROGRAM, THE FOLLOWING CONDITIONS WILL APPLY.

1. You will be voluntarily enrolling in a class of instruction to improve your skill, or to learn a new skill, so as to better qualify for a job in industry.
2. You will be furnished the training by AIDT; the instructor is employed by the AIDT.
3. There is no charge to you for attending training.
4. You will not be paid to take the training; therefore, YOU ARE NOT COVERED BY WORKMAN'S COMPENSATION DURING THE TRAINING HOURS.
5. You must be at least 18 years old to be considered for enrollment in the training program or to work in hazardous, non-agricultural, or industrial occupations. If selected for participation, you may be required to provide proof of age.
6. The instructor, or other AIDT representative, may terminate your training should your performance or attendance not be satisfactory in terms of meeting the behavior and learning standards established by AIDT.
7. Even if you successfully complete the program, you are not guaranteed a job offer by the company. You may accept or reject any job offered to you.

Should you be selected for an interview, any questions about the above conditions will be answered at that time.

I certify that all answers included in this application are true and correct and I understand that any intentional falsification of information will lead to immediate dismissal from training.	
Applicants Signature: _____	Date: _____