



# Northern Industrial Training, LLC SKILLBRIDGE-INTERNSHIP APPLICATION

<b>Program or Programs Requested:</b> _____	<b>Start Date</b> _____	<b>Alternate Date:</b> _____
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Print clearly and complete every section. Incomplete applications can 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: Military Experience /

**Rank** \_\_\_\_\_ **Base** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_ **Supervisor contact** \_\_\_\_\_

**Commander** \_\_\_\_\_ **Separation Date** \_\_\_\_\_

**Branch of Service** \_\_\_\_\_ **Military Duty Assignment** \_\_\_\_\_

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 \_\_\_\_\_

Please describe what job or jobs you would like to be employed in after completing this Skillbridge Internship:

\_\_\_\_\_

**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 Skillbridge Internship completion.

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Required \_\_\_\_\_

Date \_\_\_\_\_

**Signature**

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:  
shannon.leep@nitalaska.com