Northern Industrial Training, LLC
SKILLBRIDGE-INTERNSHIP APPLICATION

Program or Programs Requested:	Start Date	Alternate Date:

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:

Employer 1 _____

Employer 2 _____

Positions I am interested in:

Position 1 _____

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.

_____

_____

_____ _____

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

If you have any questions, please email:
humanresources@nitalaska.com