



Short Term Training Application

Applicant Information		
First name	Last	Today's date
Mailing address		
City	State	Zip
Phone	E-mail address	
Date of birth	Social security number	
Are you an ASRC shareholder? YES <input type="checkbox"/> NO <input type="checkbox"/>	High School/GED graduate? YES <input type="checkbox"/> Year:	NO <input type="checkbox"/>

Employment		
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Length of employment	Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular
Current employer		
If employed, documentation from the employer must be provided to prove that the applicant is in danger of losing his/her job for lack of the certificate or license required to maintain his/her position.		
If you are not currently employed, do you have a firm job offer? YES <input type="checkbox"/> Company name: _____ NO <input type="checkbox"/>		
Company contact person	Company contact number	

Training Information		
Name of institution	Fee/Cost	
Address	Phone	
City	State	Zip
Purpose of training		
Dates of training	Include informational brochure or letter describing training.	

Applicant Signature	
Signature	Date

Submit completed form to: Ethel Akpik: Director, Shareholder Employment & Career Development 907-852-9441 Phone 907-852-5733 Fax	Arctic Slope Regional Corporation P.O. Box 129 Barrow, AK 99723
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To Be Completed by ASRC Human Resources Only	
<input type="checkbox"/> Approved	I recommend that the above named ASRC shareholder be approved the short term training outlined above to allow him/her to become job-ready.
<input type="checkbox"/> Disapproved	Reason:
Name	Comments:
Title	
Signature	Date