



## Construction Academy Course Preference

For which basic trade course or courses are you applying for? Please mark one for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice.

1st Choice		2nd Choice		3rd Choice	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Welding	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Welding	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Welding
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical
<input type="checkbox"/> Intro to Weatherization		<input type="checkbox"/> Intro to Weatherization		<input type="checkbox"/> Intro to Weatherization	

### Are you interested in taking any of these trades math classes?

- Trades Math                     
  Intro to Algebra                     
  Trades Trigonometry.

### What training have you received up to now?

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Blue Prints	<input type="checkbox"/> NSTC	<input type="checkbox"/> Scaffolding / Fall protection
<input type="checkbox"/> Plumbing	<input type="checkbox"/> AKWarm	<input type="checkbox"/> First Aid / CPR	<input type="checkbox"/> Mold Remediation
<input type="checkbox"/> Welding	<input type="checkbox"/> Pipeline Construction	<input type="checkbox"/> Fork Lift	<input type="checkbox"/> Lead Safe
<input type="checkbox"/> Paint / Drywall	<input type="checkbox"/> Bldg. Maint. Repair	<input type="checkbox"/> Driver Training	<input type="checkbox"/> Hazardous Paint
<input type="checkbox"/> Electrical	<input type="checkbox"/> OSHA	<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Trades Math
<input type="checkbox"/> WX: Tech I	<input type="checkbox"/> WX: Blower Door	<input type="checkbox"/> Other (write in)	

### How did you find out about these classes? (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heard a <b>radio ad</b> (radio station ID _____) | <input type="checkbox"/> Referred from <b>CITC</b>                        | <input type="checkbox"/> <b>Job Center</b> |
| <input type="checkbox"/> Saw a <b>TV ad</b> (TV station channel # _____)  | <input type="checkbox"/> I saw the <b>AK Construction Academy Website</b> |  |
| <input type="checkbox"/> Saw a <b>newspaper ad</b> (Name of paper _____)  | <input type="checkbox"/> Referred by <b>past Academy graduate</b>         |  |
| <input type="checkbox"/> Saw an ad on <b>Craigslist</b>                   | <input type="checkbox"/> General <b>word of mouth</b>                     |  |
| <input type="checkbox"/> Saw an ad on a <b>People Mover bus</b>           | <input type="checkbox"/> I saw a <b>flier at</b> _____                    |  |

Finish this sentence: I would most likely see a flier if it were placed at \_\_\_\_\_

### Mark all trades that you have work experience in. Circle the one you are most interested in.

<input type="checkbox"/> Boilermaker	<input type="checkbox"/> Construction Driver	<input type="checkbox"/> Heavy Eqpt Operator	<input type="checkbox"/> Piledriver	<input type="checkbox"/> Sheet Metal Worker
<input type="checkbox"/> Bldg. Maint./Repair	<input type="checkbox"/> Electrical Lineman	<input type="checkbox"/> Insulation Worker	<input type="checkbox"/> Plumber/Pipefitter	<input type="checkbox"/> Service Oiler
<input type="checkbox"/> Bricklayer	<input type="checkbox"/> Electrical Wireman	<input type="checkbox"/> Ironworker	<input type="checkbox"/> Plumber/Steamfitter	<input type="checkbox"/> Teamster Surveyor
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Floor Coverer / Glazier	<input type="checkbox"/> Laborer	<input type="checkbox"/> Roofer/Water Proofer	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Cement Mason	<input type="checkbox"/> Heavy Eqpt Mechanic	<input type="checkbox"/> Painter/Taper	<input type="checkbox"/> Other	

### Do you have a strong fear or dislike of any if these conditions?

<input type="checkbox"/> Work at Heights	<input type="checkbox"/> Dirty Work	<input type="checkbox"/> Outdoor Work	<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Noisy Places
<input type="checkbox"/> Cold Work	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Travel	<input type="checkbox"/> Hard Physical Work	<input type="checkbox"/> Powered Eqpt.

Are you disabled? YES NO      If YES, are there any Jobs you cannot do? YES NO      Are you a US citizen or legally able to work in the US? YES NO  
Circle One                      Circle One                      Circle One

Would you be willing to relocate for training or employment?      Training? YES NO      Employment? YES NO  
Circle One                      Circle One                      Circle One

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_