



# Alaska Teamster-Employer Service Training Trust APPLICATION FOR ENROLLMENT

520 E. 34<sup>th</sup> Avenue, Suite 201, Anchorage, AK 99503  
Phone (907) 278-3674 Fax (907) 279-6088

**Eligibility for the Teamsters Training Trust programs is determined by your work history, which must be provided by the Member.** You must have worked in covered employment for which the employer has contributed to the Training Trust a specific number of hours within the past 24 months. This eligibility requirement may not apply to programs funded by sources other than employer contributions. Students may be required to pay for their class materials and instruction. All determinations of eligibility are made by Training Trust staff.

**TO DETERMINE ELIGIBILITY APPLICATION MUST BE COMPLETE & SIGNED**

Course Name:		
Course Date:	Course Time:	
Training City:		
Last Name:	First Name:	M.I.
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	ADL#
Email Address:		DOB:
Construction Card: (Circle One) A B C D E	Teamster Ledger #	Social Security #
Most Recent Teamster Employer:	Employer Start Date:	Out of Work Date:
Current Teamster Apprentice: (List program)		

**Complete the following for Safety Sensitive Courses Only (ie: forklift, boom truck and driver courses):**  
In the two years prior to this training have you had a verified positive DOT Drug and/or Alcohol test? *Yes No*  
If yes, are you in a SAP? *Yes No* You will be contacted to provide documentation of current participation or completion of SAP to determine eligibility for training.

I have read and understand the eligibility requirements for training benefits. I understand that my work record will be reviewed by the Teamster Training Trust staff for training eligibility purposes.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY:** Work History Provided: YES \_\_\_\_\_ NO \_\_\_\_\_ Eligible Under Trust: YES \_\_\_\_\_ NO \_\_\_\_\_  
 Fee Amount Due \$ \_\_\_\_\_ Paid on: \_\_\_\_\_ Certificate: \_\_\_\_\_  
 Course Code: \_\_\_\_\_ Instructor/Examiner: \_\_\_\_\_  
 To Dispatch: \_\_\_\_\_ DMV Database: \_\_\_\_\_ ATESTT Database: \_\_\_\_\_ Calendar: \_\_\_\_\_ revised 9/02/15