



Alaska Maritime Apprenticeship Program

SPONSORED BY CALISTA CORPORATION

Apprentice Application

Applicant Information

Full Name: _____ **Date:** _____
 Last First M.I.

Address: _____
 Mailing Address Apartment/Unit #

 City State ZIP Code

Phone: _____ **Email:** _____

Date of Birth: _____ **Social Security #:** _____ **Gender:** Female Male Other

Ethnicity/Race: (please check all that apply): Alaska Native/American Indian Native Hawaiian or Pacific Islander
 White/Caucasian Hispanic/Latino
 Black/African American Asian

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Are you currently working? Yes No **Employer:** _____ **Number:** _____

Position Applying For

	Tier 1	Tier 2	Tier 3
DECK:	<input type="checkbox"/> Deckhand	<input type="checkbox"/> Able Body Seaman	<input type="checkbox"/> Mate
ENGINE ROOM:	<input type="checkbox"/> Wiper	<input type="checkbox"/> QMED	<input type="checkbox"/> Assistant Engineer
GALLEY/KITCHEN:	<input type="checkbox"/> Steward Assistant	<input type="checkbox"/> Assistant Cook	<input type="checkbox"/> Chief Galley Cook

Education

EDUCATIONAL BACKGROUND	Name of School and Location	Number of years attended	Degree/Certification Received	Trades Related Classes (i.e. Welding)
High School				
Vocational School, Union, Trades Association				
College or University				
Graduate or higher				

References

In the space below, please provide 3 professional references

Name	Email and Phone number	Company	Length known
1			
2			
3			

Apprenticeship Eligibility

Have you ever been enrolled in an Apprenticeship Program before? Yes No

If yes, complete the following:

Apprenticeship Program: _____ Trade: _____

Name of Training School: _____ Phone number: _____

Physical Address: _____

City: _____ State: _____ Zip code _____

Length of Time Enrolled: _____ Did you complete the program? Yes No

If you did not complete the program, please provide your reason for leaving (use extra sheets as needed):

List any skills or trade knowledge you have (use extra sheets as needed):

By signing this document,

I declare and affirm that the statements made in this application, including accompanying statements and transcripts are true, complete and correct to the best of my knowledge. I understand that false or misleading information in my application or interview may be cause for denial or loss of my apprenticeship, or subject me to discharge at any time during the period of my apprenticeship.

I authorize Alaska Maritime Apprenticeship Program to verify any of the information given in the application process with appropriate organizations and individuals, and I authorize those in authority to release such information, including my prior disciplinary record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature: _____ Date: _____

To complete your application process,

You will need to submit the following documents along with your application,

1. A statement describing:
 - Why you want to participate in the Alaska Maritime Apprenticeship Program,
 - Your skills and experiences you have working in the maritime industry, including current sea time,
 - Yourself to us: hobbies, interests, etc. you're involved in, and anything else you would like us to know about you.
2. High school or college transcripts, or trade school and/or training certifications.
3. If you are prior military, provide a copy of your DD-214 long form. Provide information about your discharge if it was anything other than honorable.

Submit your complete application and all attachments to:

The Alaska Maritime Apprenticeship Program, Attn: Brenda Pacarro, Administrator
Email: bpacarro@calistacorp.com or Fax: (907) 275-2927