

APPLICATION INSTRUCTIONS

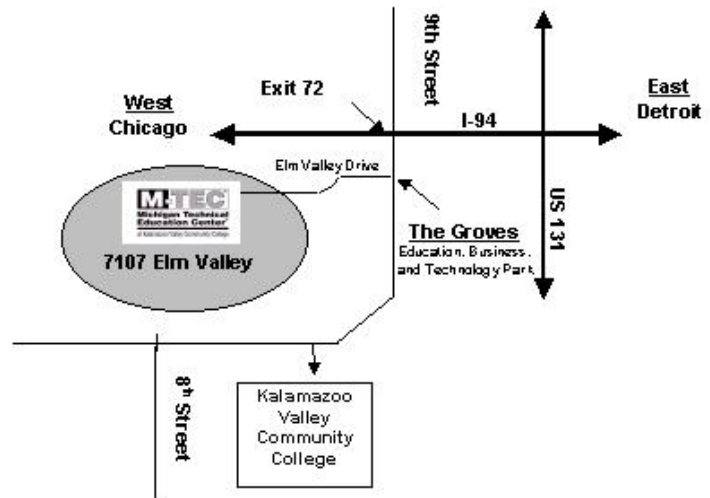
1. You must answer every question. If the question does not pertain to you, write "N.A." within the appropriate space. An extra page has been provided if more space is needed to answer the questions. Be sure to include the question number when using the extra page.
2. If you have any questions, please call 269.353.1282.
3. Completed applications:

Mail or deliver to:

Wind Turbine Technician Academy
Kalamazoo Valley Community College
Groves Campus
7107 Elm Valley Drive
Kalamazoo, MI 49009

By Fax:

269.353.1580



WIND TURBINE TECHNICIAN ACADEMY STUDENT APPLICATION

Date ____/____/____

Name: _____
Last First Middle Nickname

Current Address: _____
Address City State Zip Code

Home Phone: (____) - _____ Work Phone: (____) - _____

Other Phone: (____) - _____ Email Address: _____

Are you 18 years of age or older? Yes No

I have a valid driver's license. Yes No

I understand that employment as a Wind Turbine Technician is likely to require me to travel extensively or relocate at the request of an employer. I am willing and able to accept this type of employment and meet the travel requirements of my employers. Yes No

I understand that this occupation requires the ability to perform strenuous work (lifting, climbing, etc.) in extreme conditions, in remote areas, and at great heights. I understand I will be required to demonstrate my ability to perform this work as a part of the application process. Yes No

Work performed by Wind Turbine Technicians requires the use of Personal Protective Equipment (PPE). The average weight of equipment carried by a Wind Turbine Technician is 50 pounds. PPE is rated for no more than 310 pounds. Weight + Equipment must = less than 310 pounds. I weigh less than 260 pounds. Yes No

Tell us why you have applied for admission to the Academy and how it fits into your long term goals.

Tell us why you are well suited to be a good wind turbine technician.

EDUCATION HISTORY

Place a check by the highest level of education you have attended? (Check only one)

	✓	Name of School/College Attended	Course of Study/Degree
GED Graduate			
High School Graduate			
Some College			
Technical Training Schools			
Two Year Degree			
Four Year Degree			
Graduate School			

Have you earned any occupational licenses or certificates?

Yes No

If yes, list them here:

Are you a citizen of the United States?

Yes No

If you answered no, in what country is your citizenship? _____

How did you hear about this program?

Have you ever been convicted of a crime?

Yes No

If yes, please explain (include dates and details):

EMPLOYMENT HISTORY: List all the places you have been employed. Start with your present or most recent employer and continue listing all the places you have worked. Add additional pages, if needed.

Present Employer () -
Phone

Immediate Supervisor () -
Phone

Address City State Zip Code

From: _____ To: _____

Job Title/Position Hours per week \$ Earnings Annual Salary Per Hour

Duties and responsibilities: _____

Reason for leaving: _____

Present Employer () -
Phone

Immediate Supervisor () -
Phone

Address City State Zip Code

From: _____ To: _____

Job Title/Position Hours per week \$ Earnings Annual Salary Per Hour

Duties and responsibilities: _____

Reason for leaving: _____

Present Employer () -
Phone

Immediate Supervisor () -
Phone

Address City State Zip Code

From: _____ To: _____

Job Title/Position Hours per week \$ Earnings Annual Salary Per Hour

Duties and responsibilities: _____

Reason for leaving: _____

REFERENCES

Provide the names and phone numbers of **at least two** people who can give information that supports:

- your ability and willingness to fulfill commitments you make
- your ability to communicate effectively with others and to work as a member of a team
- your mechanical or electrical skill set
- your work or school attendance
- your interest and suitability for this career

Include a minimum of **two professional references** (i.e., employers, co-workers, teachers). **Please DO NOT LIST relatives.**

Please contact your references in advance to help them be prepared for our call. A letter of reference will be considered, but not required.

Name	Phone Number	Describe their relationship to you	Years known

I affirm that all information provided by me to the KVCC is complete, true, and accurate to the best of my knowledge and belief. Such information contains no omissions, misrepresentations, or concealment of fact.

I am aware that all information given and statements provided during the application process are subject to investigation. I give my permission for KVCC to contact my references and former employers to obtain additional information regarding my background for the purpose of responding to my request for admission to the Academy.

Print Full Name

Signature of Applicant

Date

Parent/Legal Guardian (if under age 18)

Additional space for question answers. **Please reference appropriate question number.**