



813 WEST NORTHERN LIGHTS BLVD.

ANCHORAGE, ALASKA 99503
TOLL FREE (ALASKA ONLY) 888 / 300-8534

907 / 771-3000 Fax - 907 / 771-3044

The Alaska Energy Authority has upcoming Hydro Power Plant Operator Training classes being held on the following dates:

- **May 7, 2012 through May 18, 2012.**

You are invited to submit names of individuals you would like to send to this training session. In order to be considered for training, candidates must be employed as an operator at the power utility in your community.

The training session is 2 weeks long and is held at the Alaska Vocational Technical and Educational Center (AVTEC) in Seward, Alaska. The training program pays for tuition, and room and board while in Seward. The training program did not receive funding for travel to and from Anchorage or meals and lodging while in Anchorage as in years past. Communities wishing to have their operators trained will need to pay for these costs.

An application packet is enclosed with this solicitation. **Once the application is completed:**

- Fax the **10 page** application packet to Jessica Stolp, Training Program Manager, Alaska Energy Authority at (907) 771-3044.
- Applications may also be scanned and emailed to jstolp@aidea.org
- Originals may be mailed to 813 West Northern Lights Blvd, Anchorage, AK 99503, but please keep in mind the length of time it will take to arrive and mail accordingly.

If you have questions regarding the application, please contact me for assistance. You cannot be considered for training if your application is not completed correctly or is missing information. The application packet has changed so please pay close attention to the forms when filling them out.

It is in your best interest to submit your application as soon as possible since the class is filled on a first come, first served basis. **Please indicate on the AVTEC application which class dates you are interested in attending.**

If you have any questions, please call me at 907-771-3026 or 1-888-300-8534 ext. 3026 toll free. I look forward to hearing from you.

Sincerely,

Jessica Stolp
AEA Training Program

EMPLOYMENT AGREEMENT

FOR

[Insert Name of Hydro Electric Utility]

This Agreement is entered into on _____ (*date*) between _____ (*employee name*) and _____ (*Hydro Electric Utility Manager or Other Authority*).

By this Agreement, it is agreed that new or continued employment to the *above mentioned employee* who, at the expense of the Alaska Energy Authority (AEA), successfully completes the **Hydro Power Plant Operator** Training Course. The individual named was recommended to AEA for training by and employment will be guaranteed at _____ (*Name of Hydro Electric Utility*).

This Agreement in no way limits or constrains the utility from terminating the individual's employment for cause or for occurrences beyond its control.

This Agreement has been agreed to and executed by:

For Employee:

For Above Named Utility/Facility:

Signature

Signature/Utility Manager or Authority

Printed Name

Printed Name

Title

Title

Date

Date

Manager Contact Phone Number

Participant Contact Sheet

ALL portions of this form MUST be filled out.

First Name

Last Name

Home Phone

Work or Message Phone

Fax Number

Region

Mailing Address

City, State Zip

Utility/City Manager Name

Contact Number

Work Address (if applicable)

City, State Zip



Alaska Energy Authority Training Program
Statement of Understanding

ZERO TOLERANCE & INCOMPLETION POLICY

The Alaska Energy Authority (AEA) has implemented a zero tolerance policy for the use or possession of alcohol and illegal drugs within its training programs. Therefore, individuals actively participating in a training program found to be under the influence or in possession of alcohol or illegal drugs shall be removed immediately from the program. This zero tolerance policy applies to all participants from the time they leave their communities. **The employer of a participant, who chooses not to comply with this AEA policy and is removed from the program, is responsible for any and all training costs incurred. This includes, but is not limited to, bus fare, lodging expenses, tuition and meal costs.**

If a participant fails to complete their courses and does not receive certification it is the responsibility of the employer to refund AEA any costs incurred on behalf of the participant.

I _____ (name of training participant) certify that I clearly understand and agree to the terms and conditions of the above stated policy.

Signature, Training Participant

Date

I _____ (name of supervisor or designee) certify that I clearly understand and agree to the terms and conditions of the above stated policy.

Signature, Supervisor or Designee

Date

Utility/Entity Name

Alaska Energy Authority Training Program

Statement of Understanding

REQUIRED SAFETY ITEMS

Due to safety requirements and in order to participate in the Alaska Energy Authority's training programs at AVTEC, trainees **MUST** have the following items:

- cotton duck bib overalls (i.e. Carharts);
- boots with oil resistant soles (non-slip) and safety toes (i.e. steel toed); and
- safety glasses

If individuals need to purchase the above mentioned items, they will have the opportunity before they begin their classes. The approximate cost of the needed items is \$310 if purchased at Brown & Hawkin's, Urbach's and True Value in Seward.

If individuals arrive without the needed items and with no means to purchase, they will not be allowed to participate in the training. AVTEC policy states that individuals cannot be allowed on training sites without the above mentioned items since they are safety requirements.

By signing this Statement of Understanding, I certify that I will bring these items with me to training or will purchase them before classes begin.

Signature, Training Participant

Date

Printed Name

Signature, Supervisor or Designee

Date

Printed Name

Background Data	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit copies of court judgment records for review by AVTEC's Counseling Department.</i>	
Are you currently incarcerated, on probation or parole, or have been within the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit copies of court judgment records for review by AVTEC's Counseling Department.</i>	
Have you been court ordered to complete an assessment or treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit copies of court judgment records and proof of completion of the treatment program for review by AVTEC's Counseling Department.</i>	
How Did You Hear About AVTEC?	Citizenship & Ethnicity - <i>Voluntary completion by all applicants</i>
<input type="checkbox"/> Agency Referral <input type="checkbox"/> Alumni Referral <input type="checkbox"/> Direct-Mail Flyer <input type="checkbox"/> Friends/Family <input type="checkbox"/> H. S. Counselor/Teacher <input type="checkbox"/> Internet <input type="checkbox"/> Met AVTEC Rep at Job Fair <input type="checkbox"/> Movie Ad <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Public Transportation <input type="checkbox"/> Radio or TV Ad <input type="checkbox"/> Toured AVTEC	<input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Race and Ethnicity Unknown <input type="checkbox"/> Hispanic of Any Race
	Ethnicity - <i>Voluntary completion by Non-Hispanics only</i>
	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races
Special Accommodations	
Do you require any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i> _____	
Emergency Notification	
Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____	
Admission Requirements – Read AVTEC's catalog for complete requirements of intended course.	
1. A \$25 non-refundable application fee must be paid for when each application is submitted. 2. Students are scheduled on a space-available basis. 3. A photocopy of a government-issued picture ID (i.e., driver's license, state ID card, tribal ID card) must be submitted. 4. A photocopy of your High School/GED transcripts or diploma must be submitted.(Official transcript is NOT necessary.) 5. Applicants under the age of 18 must already have earned their high school or GED diploma, have parental permission, and approval of AVTEC Administration, before acceptance into any program is granted. 6. Prior to acceptance, all applicants must successfully complete a reading and math assessment that meets the chosen program's requirements. 7. If an applicant is at least 18 years old, and does NOT have a diploma, he/she must pass an "Ability to Benefit" test. 8. Non-residents may enroll on a space-available basis no more than 45 days prior to the program start date. Non-resident tuition is double the amount listed for residents. (Other costs are the same as for Alaskan residents.) 9. The CNA and LPN programs have an additional checklist of prerequisites that must be met prior to admission.	
Signature – To the best of my knowledge the above information is true and correct.	
Applicants who do not pay the \$25 application fee, do not complete their application process, or do not provide accurate and complete information will not be scheduled for training. If an applicant provides false information his/her acceptance will be canceled.	
_____ Signature	_____ Date

ALASKA STATE ENERGY SECTOR PARTNERSHIP - PARTICIPANT DATA

PARTICIPANT APPLICATION

First Name:	Middle Initial:	Last Name:
Address 1:		
Address 2:		
City:	State:	ZIP Code:
Phone 1:	Phone 2:	Phone 3:
E-mail:	Date of Birth:	SSN:
Gender (M/F):		
Ethnicity Hispanic / Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified		

RACE

OTHER DEMOGRAPHICS

<input type="checkbox"/> Alaska Native or American Indian	<input type="checkbox"/> Eligible Veteran
<input type="checkbox"/> Asian	<input type="checkbox"/> Limited English Proficient
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Individual with a Disability
<input type="checkbox"/> Hawaiian or Other Pacific Islander	<input type="checkbox"/> Unemployed Individual
<input type="checkbox"/> White	<input type="checkbox"/> Dislocated Worker
<input type="checkbox"/> More Than One Race	<input type="checkbox"/> Incumbant worker

EDUCATION

DEMOGRAPHICS CONTINUED

<input type="checkbox"/> 4 Years of College or more	<input type="checkbox"/> Workers Impacted by National Energy & Environmental Policy
<input type="checkbox"/> 1-3 years of College, Full-time Vocational or Technical	<input type="checkbox"/> Individual in Need of Updated Training Related to the Energy Efficiency and Renewable Energy Industry
<input type="checkbox"/> High School Graduate or Equivalent	<input type="checkbox"/> Employment Pathways out of Poverty
<input type="checkbox"/> 9th - 12th Grade <input type="checkbox"/> 8th grade or under	<input type="checkbox"/> Individual with a Criminal Record
<input type="checkbox"/> High School Drop Out	<input type="checkbox"/> Disadvantaged Worker within areas of poverty

EMPLOYMENT STATUS AT ENROLLMENT

Employment status: Employed Not Employed Employed but received Notice of Termination

SIGNATURES

I certify to the best of my knowledge that the information provided is accurate and true.

Signature of applicant:	Date:
Signature of parent or Legal Guardian if under age 19:	

OFFICE USE ONLY PROGRAM ACTIVITY AND SERVICES INFORMATION **OFFICE USE ONLY

Date Began Training:	Participated in Registered Apprenticeship Activities Y/N:
Date Training Completed / Exit date:	Participated in Pre-apprenticeship Activities Y/N:
Attained Credential Y/N:	Participated in Classroom Training Activities Y/N:
Type of Credential:	Participated in Basic Skills Training Y/N:
Additional Credential:	Received Assessment Services Y/N:
Other Reason For Exit, select one: Health / Deceased / Family Care, none of above	Received Case Management Services Y/N:
Program Service Code (see page 2):	Received Retention and Follow-up Services Y/N:
Green industry Sector Code (see page 2):	Received Supportive Services Y/N:
Participated in On-the-job training Activities Y/N:	Project File Number:



Alaska State Energy Sector Partnership (ASESP)

CONSENT AND RELEASE FORM

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video recordings, sound tracks, films, photographs, written articles or recordings, I hereby consent to the use and editing thereof and release the Department of Labor and Workforce Development and its employees and assignees from any and all claims resulting from such use, sale, editing and release to the newspapers and/or television stations/channels or newsletters.

Dated this _____ day of _____, 200__.

Signature of Participant

Printed Name

The above consent and release is hereby ratified and approved.

Parent or Legal Guardian

Parent or legal guardian signature is required if the participant is under 19 years of age.



**Alaska State Energy Sector Partnerships
Alaska Department of Labor and Workforce Development
Division of Business Partnerships**

**Program and Discrimination
Grievance Procedures**

For a complete version of the regulations,
refer to Division of Business Partnerships
policy #260

NOTICE: Recipients of financial assistance under the Alaska State Energy Sector Partnership (ASESP) are prohibited from discrimination against members of the public, applicants for services, registrants, participants, claimants, applicants for employment and ASEP-financed employees on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, marital status, change in marital status, pregnancy or parenthood. In addition, it is prohibited to discriminate against any individual or beneficiary of ASEP grants based on the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States. Finally, it is prohibited to discriminate against any individual or beneficiary of WIA programs based on his or her participation in ASEP financially assisted program activity.

Confidentiality: Program providers and staff must protect the confidentiality of a grievance to the maximum extent possible. This includes:

- The fact that the grievance has been filed
- The identity of the person filing grievance(s)
- The identity of individual respondents to the allegations
- The identity of any person(s) who furnished information relative to, or assisting in, a grievance investigation
- When consent has been provided for the release of the grievant's identity, program providers must ensure that such disclosure is made under conditions that promote the continued receipt of confidential information.

PROGRAM GRIEVANCES

- A grievance may be filed on a DBP Grantee's program decision if the grievant:
- Applied for services
- Registered for and is receiving services
- Provides services on a contractual basis
- Was denied potential funding or services
- Complains against an employer, if referred to the employer by a DBP Grantee representative and alleges violation of employment-related laws
- Is subject to testing for the use of controlled substances; or
- Was sanctioned after testing positive for the use of controlled substances.

- **Informal Resolution:** A Grievant may pursue informal resolution of program grievances at any time. DBP Grantee Equal Opportunity (EO) Officer should:
- Attempt to resolve grievance informally
- Arrange to meet with the grievant and other affected parties
- Ascertain facts with all service providers prior to meeting
- Retain a file and brief report regarding facts, issues discussed, and outcome; and
- Close the case if the grievant, program staff, and other affected parties reach a mutually satisfactory resolution (The grievant may seek formal resolution regardless of outcome or attendance at the informal meeting)

Formal Resolution: A Grievant may file formal program grievances at the Grantee level, in writing, and including:

- The grievant's full name, address, telephone number and or other means of contact
- The full name and address of the individual or entity that the grievant alleges is responsible for his/her grievance
- The grievant's job title and the ASEP grant (if applicable)
- If an applicant, list the program
- A clear and concise statement of the facts, including pertinent dates constituting the alleged violation
- Copies of pertinent correspondence, if any

- The remedy the grievant seeks, and the date and signature of the grievant.

Process: The grievant may submit a formal, grievance to the DBP Grantee EO Officer, who must conduct an investigation and render a written decision within 10 calendar days of the receipt of the grievance. If you disagree with the decision, you may appeal to the: DBP ASEP Program Coordinator. The Division must receive the appeal within 10 calendar days of the receipt of the decision from the DBP Grantee EO Officer, or within 10 calendar days of the date on which the grievant should have received a decision. The DBP ASEP Program Coordinator will issue a decision within 10 calendar days of the receipt of request for review and advise the grievant of further appeal rights.

Commissioner: The grievant has the right to appeal to the Commissioner of Labor and Workforce Development if the DBP ASEP Program Coordinator fails to render a decision within the allotted time or if the grievance is not resolved to the grievant's satisfaction. The state must receive the appeal within 10 calendar days of the date on which the grievant should have received a decision. A Grievant must submit the appeal to:

**Commissioner
Alaska Department of Labor and Workforce Development
PO Box 115509
Juneau, AK 99811-5509**

The Commissioner will issue a decision within 10 calendar days of the receipt of request for review and advise the grievant of further appeal rights.

Hearing: The grievant has the right to request an administrative hearing at any time within 30 days of the initial filing of the grievance. The hearing will not be held if the grievance has been mutually resolved among affected parties. The grievant must contact the Commissioner (at the previously listed address) to schedule a hearing. The Commissioner will provide notice of the hearing date.

The grievant has the following rights with respect to the hearing process:

- Representation at the hearing by counselor other authorized agent(s)
- Presentation and questioning of witnesses and other parties
- Waiver or postponement of a scheduled hearing in order to pursue informal resolution
- A request, with good cause, to reschedule the hearing
- Use of telephone or teleconference to conduct the hearing if it is impractical for all parties to appear at the same place
- The hearing will be held within 45 days of the receipt of the grievance; and
- A Hearing Officer will be appointed to conduct the hearing.
- The grievant is responsible for the cost of their representation. A written decision will be rendered within 15 calendar days of the date of the hearing. The decision will be final.

Accessibility: Upon request, reasonable accommodation shall be made for individuals with limited English-speaking, writing or reading ability, hearing impairment or other disability which restricts the normal access to or processing of an alleged program or discrimination grievance.

Withdrawal of Grievance: The grievant has the right to withdraw the grievance, in writing, at any time.

GRIEVANCES OF ALLEGED DISCRIMINATION

Any person who believes that he or she, or any specific class of individual has been or are being subjected to discrimination has the right to file a grievance directly with the Alaska Department of Labor and Workforce Development, Equal Opportunity (EO) Coordinator or the US DOL Civil Rights Center within one hundred eighty (180) calendar

days of the alleged discrimination. A client may bring EO matters in writing by e-mail, or postal mail to:

**Alaska Workforce Investment Board, Louise Dean, State EO
Officer, 1016 W. Sixth Ave., Suite 105 Anchorage, AK 99501
Phone (907) 269-7487**

A Grievant must include the following:

- Grievant's name and address, or other means by which to contact the grievant
- Identification of the individual(s) or organization(s) responsible for the alleged discrimination and a detailed description of the grievant's allegation

Mediation: If the grievant chooses to participate in mediation, s/he or the designee must respond in writing within ten (10) calendar days of the date of the request. This written acceptance must be dated and signed by the grievant and must also include the relief sought

Jurisdiction: If the Alaska Department of Labor and Workforce Development EO Office determines s/he does not have jurisdiction over the grievance, s/he will advise you of reason of determination including notification of grievance options.

Notice of Final Action: A written Notice of Final Action will be provided to the grievant within ninety (90) calendar days of the date the grievance was filed. It will contain:

- A statement regarding the disposition of each issue raised in the grievance and the reason for the determination.
- Description of the way the parties resolved the issue(s). If the grievance was resolved by mediation, a copy of the agreement will be attached to the Notice of Final Action.
- Notice that the grievant has the right to file a grievance with Civil Rights center (CRC) within 30 calendar days after the date the Notice of Final Action is issued, if s/he is dissatisfied with the final action on the grievance.
- If the grievant is dissatisfied with the state's resolution of the grievance, or if the grievant does not receive the Notice of Final Action within 90 calendar days of the receipt of the grievance, a grievance may be filed with the CRC.

Federal: If the grievance concerns alleged discrimination in a U.S. Department of Labor (USDOL) funded program on the basis of race, color, religion, sex, national origin, age, disability, political affiliation, genetic information or belief, or discrimination on the basis of either citizenship or status as a lawfully admitted immigrant authorized to work in the United States, it may be processed directly through the USDOL Civil Rights Center (CRC). Discrimination grievances may be filed with the Director of CRC at:

**U.S. Department of Labor, Director
Civil Rights Center
200 Constitution Ave. NW, Room N4123
Washington, D.C. 20210.**

I _____ hereby acknowledge that I have received and read this copy of the Grievance Procedure.

Signature

Date

CERTIFICATION FORM

Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financial assistance program or activity.

The recipient must not discriminate in any of the following areas.

- Deciding who will be admitted, or have access, to any WIA Title I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to such a program, or activity, or,
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The Department of Labor and Workforce Development Equal Opportunity Officer:

- Louise Dean, at 1016 West 6th Avenue, Suite 105, Anchorage, Alaska 99501-1963, or at telephone (907) 269-7487, or e-mail to louise.dean@alaska.gov.
- or,
- The Director, Civil Rights Center (CRC), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the state officer, you must wait either until the state officer issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the state officer does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the state officer to issue that Notice of Final Action before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the state officer). If the state officer does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I hereby certify that I have read and understand the content of this document.

APPLICANT/EMPLOYEE SIGNATURE

DATE

**This is an equal opportunity employer/program.
Auxiliary aides and services are available upon request to individuals with disabilities.**