



July 12, 2021

Subject: Bulk Fuel Operator Training

Attn: City or Tribal Administrator

The Alaska Energy Authority (AEA) has an upcoming **online Bulk Fuel Operator Training Class beginning Aug. 9, 2021**. We invite you to submit names of individuals you would like to send to this training session. To be considered for training, candidates must be employed as an operator at the bulk fuel tank farm in your community.

The training session is five weeks long and will be held online through the Alaska Vocational Technical and Educational Center (AVTEC) in Seward, Alaska. Students who complete and pass the course will receive a certificate.

If you would like, you may submit more than one candidate application for these AVTEC training sessions. Please indicate which individual is the primary and which the alternate candidate is. If space is available, both candidates may be able to attend.

If you are interested in this upcoming class, you will need to complete and submit an application July 30, 2021. As the class is on a first-come, first-served basis, we encourage you to submit your application as soon as possible.

If you have any questions, please contact me at (907) 771-3069 or [djohnston@akenergyauthority.org](mailto:djohnston@akenergyauthority.org). I look forward to hearing from you.

Sincerely,

Daniel F. Johnston Jr.  
Project Manager

## EMPLOYMENT AGREEMENT

FOR

\_\_\_\_\_  
[Insert Name of Bulk Fuel Facility]

This Agreement is entered into on \_\_\_\_\_ (date) between  
(employee name) and \_\_\_\_\_

\_\_\_\_\_  
(Bulk Fuel 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 Bulk Fuel Operator Training Course. The individual named was recommended to AEA for training by and employment will be guaranteed at \_ (Name of Bulk Fuel Facility).

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:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For Above Named Utility/Facility:**

\_\_\_\_\_  
Signature/Utility Manager or Authority

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Contact Phone Number

## Participant Contact Sheet

ALL portions of this form MUST be filled out.

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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

**PERSONAL INFORMATION** - Please send a photocopy of a government-issued picture I.D.

\_\_\_\_\_  
 Last Name First Name M. I. Social Security Number (required)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address City State Zip Code Date of Birth Gender  
 (\_\_\_\_) (\_\_\_\_)  
 Home Phone Cell Phone E-mail Address

**TRAINING CHOICE** - Please list the training course you are applying for.

Course Name: Bulk Fuel Operator Enrollment Date Desired: 8/9/21 to 8/30/21

**EDUCATIONAL BACKGROUND** - Please send a copy of High School or GED Diploma, or transcripts.

High School Diploma? ☐ Yes ☐ No \_\_\_\_\_  
 Graduation Year Name of High School City State  
 GED Diploma? ☐ Yes ☐ No \_\_\_\_\_  
 Year of Diploma Highest Grade Completed  
 Attended College? ☐ Yes ☐ No \_\_\_\_\_ Vocational Training? ☐ Yes ☐ No \_\_\_\_\_  
 Years/Credits Earned Months/Years Attended

**FINANCIAL INFORMATION** - Financial aid must be secured prior to arrival for training.

Please indicate how you intend to pay for your training (tuition, fees, books, tools, supplies, room and board). It is highly recommended that you apply for grants and scholarships to help fund your training. Please mark which agencies you intend to apply with:

- Pell Grant ☐ Yes ☐ No
- Scholarships ☐ Yes ☐ No (Civic Organizations, Schools, Private Companies)
- Alaska Student Loans ☐ Yes ☐ No
- Other Grants ☒ Yes ☐ No (State of Alaska Department of Labor and Workforce Development; Department of Vocational Rehabilitation; Bureau of Indian Affairs)
- Veteran's Benefits ☐ Yes ☐ No
- Personal Funds ☐ Yes ☐ No

Please complete the area below IF you already know which agencies will be assisting you financially:

Alaska Energy Authority Daniel Johnston 907-771-3069  
 Agency Name and Address Contact Person and Phone Number

\_\_\_\_\_  
 Agency Name and Address Contact Person and Phone Number

**HOUSING**

Please indicate your housing preference while attending training:

- ☒ Dormitory **\*MINIMUM AGE IS 18 YEARS OLD FOR ACCEPTANCE INTO THE DORM\***
- ☐ Family Housing (Family Housing is limited)
- ☐ Off Campus

**ALASKA RESIDENCY - THE APPLICANT...**

- ☐ is domiciled in the state of AK.
- ☐ is presently serving in the military with the intent of being domiciled in the state of AK upon completion of military duty.
- ☐ has graduated from an accredited high school or post-secondary institution in the state of AK, or has earned a GED while domiciled in the state of AK.

| BACKGROUND DATA  |  |
|--|--|
| Have you ever been convicted of a felony? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><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 - Voluntary completion by all applicants   |
| <input type="checkbox"/> Agency Referral<br><input type="checkbox"/> Alumni Referral<br><input type="checkbox"/> Direct-Mail Flyer<br><input type="checkbox"/> Friends/Family<br><input type="checkbox"/> H. S. Counselor/Teacher<br><input type="checkbox"/> Internet<br><input type="checkbox"/> Met AVTEC Rep at Job Fair<br><input type="checkbox"/> Movie Ad<br><input type="checkbox"/> Newspaper Ad<br><input type="checkbox"/> Public Transportation<br><input type="checkbox"/> Radio or TV Ad<br><input type="checkbox"/> Toured AVTEC   | <input type="checkbox"/> Nonresident Alien<br><input type="checkbox"/> Race and Ethnicity Unknown<br><input type="checkbox"/> Hispanic of Any Race<br><br><div style="background-color: #d9e1f2; padding: 2px; margin-top: 5px;"><b>ETHNICITY</b> - Voluntary completion by Non-Hispanics only</div> <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Two or more races |
| SPECIAL ACCOMMODATIONS   |  |
| Do you require any special accommodations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i> _____</span>   |  |
| EMERGENCY NOTIFICATION   |  |
| Name: _____ Relationship: _____<br>Address: _____ City: _____ State: _____ Zip: _____<br>Home Phone: _____ Work Phone: _____ Cell Phone: _____   |  |
| ADMISSION REQUIREMENTS - Read AVTEC's catalog for complete requirements of intended course.  |  |
| 1. Students are scheduled on a space-available basis.<br>2. A photocopy of a government-issued picture ID (i.e. driver's license, state ID card, tribal ID card) must be submitted.<br>3. Applicants under the age of 18 must already have earned their High School or GED diploma, have parental permission, and AVTEC Administration's approval before acceptance into any program is granted.<br>4. If an applicant is at least 18 years old, and does NOT have a diploma, he/she must pass the "Ability to Benefit" test.<br>5. Non-resident tuition is double the amount listed for residents. (Other costs are the same as for Alaskan residents.)<br>6. Complete the Free Application for Federal Student Aid (FAFSA). AVTEC School Code is: <b>031603</b>  |  |
| SIGNATURE - To the best of my knowledge, the above information is true and correct   |  |
| Applicants who do not pay the \$35 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. Failure to pay by due dates may result in cancellation from training or dismissal. <b><u>THE TRAINING APPLICATION IS VALID FOR ONE YEAR.</u></b><br><div style="text-align: center; margin-top: 10px;"> <b>BY SUBMITTING THIS APPLICATION, I AGREE THAT I AM SOLELY RESPONSIBLE FOR ANY DEBT I HAVE INCURRED AT AVTEC.</b> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">SIGNATURE</div> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">DATE</div> </div> |  |



## Bulk Fuel Operator (BFO) Technology Check

Welcome to the AVTEC Bulk Fuel Operator Online Course

Please send an email to:

[admissions@avtec.edu](mailto:admissions@avtec.edu)  
[jerry.blitz@avtec.edu](mailto:jerry.blitz@avtec.edu)  
[djohnston@akenergyauthority.org](mailto:djohnston@akenergyauthority.org)

confirming you have successfully COMPLETED the <https://zoom.us/test> listed below and you have read and understand all the information you have received. We can also answer any questions you have.

In order for you to be able to fully participate in the online course please be certain you have and do the following As Soon As Possible (ASAP) and well before class officially starts per date and time on your acceptance letter:

1. Access to a reliable internet connection and a laptop/desktop computer, tablet, equipped with a mic/speakers (or headset/mic), and camera/webcam.
2. Internet Connection must be capable of maintaining a live Zoom Video Conference.

PLEASE TEST THIS **ASAP**: <https://zoom.us/test>

We look forward to meeting you online & are standing by to assist you!

**Jerry Blitz**, [jerry.blitz@avtec.edu](mailto:jerry.blitz@avtec.edu), 907-224-6193, AVTEC Instructor **Tess / Joanna**, [admissions@avtec.edu](mailto:admissions@avtec.edu), 907-224-3322, AVTEC Admissions **Daniel Johnston**, [djohnston@akenergyauthority.org](mailto:djohnston@akenergyauthority.org), 907-771-3069, AEA PM



## 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 or fails to complete the program, is responsible for all training costs incurred (up to \$6,500). 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**

X \_\_\_\_\_ 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**

X \_\_\_\_\_ Date \_\_\_\_\_

**Utility/Entity Name** \_\_\_\_\_