

APPLICATION

DEMOGRAPHICS (Please print clearly)			
First Name:		Middle:	
Last Name:			
Street Address:		City, State, Zip:	
Mailing Address:		City, State, Zip:	
Home Phone:		Cell Phone:	
Email Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____			
Disadvantaged: <input type="checkbox"/> Yes <input type="checkbox"/> No (Click here for definition of Disadvantaged)			
EMERGENCY CONTACT			
Name:		Relationship:	
		Phone:	
HIGHWAY CONSTRUCTION TRADES INTEREST (Please select all that apply)			
Commercial Driver License	<input type="checkbox"/>	Heavy Equipment Operation	<input type="checkbox"/>
Highway Survey	<input type="checkbox"/>	Iron/Steel Work	<input type="checkbox"/>
Highway-Related Concrete/Masonry	<input type="checkbox"/>	Highway-Related Electrical	<input type="checkbox"/>
Highway-Related Materials	<input type="checkbox"/>	Highway-Related Painting	<input type="checkbox"/>
Highway-Related Carpentry	<input type="checkbox"/>	All of the above	<input type="checkbox"/>
OTHER INFORMATION			
Are you 18 years of age or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any highway construction experience?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid Arizona driver license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, how many years _____	
Are you physically able to perform road construction work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you willing and able to attend classes for three weeks from Monday to Friday, 7 a.m. to 4 p.m.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to pass a physical exam?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have transportation to class?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any computer skills?	YES <input type="checkbox"/> NO <input type="checkbox"/>	What is your current mode of transportation? Bus <input type="checkbox"/> Car <input type="checkbox"/> Share Ride <input type="checkbox"/>	
Have you ever served in the military?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Which ADOT Program (Please select one)? ADOT - 3 Week <input type="checkbox"/> ADOT/Gateway 7 week <input type="checkbox"/>	

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EDUCATIONAL HISTORY			
High school diploma or equivalent (GED) <input type="checkbox"/>	Some college or college degree <input type="checkbox"/>		
Vocational or other training <input type="checkbox"/>	None of the above <input type="checkbox"/>		

SKILLS OR CERTIFICATIONS	
List any certifications:	
List any special skills:	

EMPLOYMENT			
Are you currently employed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/>

Employment History (Please start with most current):					
Start Date <i>Month/Year</i>	End Date <i>Month/Year</i>	Company Name:	Job Title:	Responsibilities:	Supervisor: <i>Name/Phone Number</i>

HOW DID YOU HEAR ABOUT US?

APPLICANT STATEMENT
I certify that the answers on this application are true and complete to my knowledge.
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Printed Name _____ Date _____ </div>

Please complete the attached application and submit or save it to your desktop and email as an attachment to ConstructionAcademy@azdot.gov.

You may also print and fax or mail to:

Steve Navis, OJT Workforce Development Manager
 Arizona Department of Transportation
 1801 W. Jefferson St., Suite 101, MD154A,
 Phoenix, AZ 85007
 Phone: 602.712.8125 | FAX: 602.712.8429
 Email: ConstructionAcademy@azdot.gov