Natural Gas Utility & Pipeline Training

Training Applicant Information

Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address

_____

City *State* *ZIP Code*

Phone: _____ Email: _____

Coal-Impacted Economy Information

Do any of the below categories apply to you? If yes, indicated letters: _____

A. Displaced coal workers that formerly worked for a coal company
B. Displaced coal worker's family
C. Other displaced workers from coal impacted businesses including supply chain, equipment suppliers, transportation, power plants and others
D. Underemployed coal workers (working but not in coal or working in coal but less than full-time)

What County do you live in? _____

Note: Coal-impacted status is not required for participation in this training.

Additional Information

How did you hear about this training?

_____

Any relevant training or experience you possess?

_____

_____

Any questions or additional information you would like to provide?

_____

_____

Note: Information from this form may be used for the purposes of program implementation and reporting.

Qualification

You will be asked to meet the following qualifications to participate in this training:

- Must pass 5 panel drug test;
- Must clear state police criminal background check;
- Possess active driver's license and must clear check of driving history; and
- Received high school diploma or GED.

Comments relevant to the qualifications:

_____

Forward this form to Patrick Findle, Program Manager at patrick.findle@gastechnology.org