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OSHA 30 Hour Course Application and Scholarship Occupational Safety Training for Construction

The training will be held June 18 through June 21, 2019, at the Mole Lake Casino & Lodge. This scholarship includes lodging, mileage and food per diem.

Lodging will be provided for participants traveling more than 50 miles. Mileage and food per diem will be provided to all participants.

Applications are due no later than Wednesday, June 5th, 2019 by 3:00 pm. Late applications will not be accepted.

Return the application to: Carri Chapman, Tribal Labor Advisory Committee Assistant, Sokaogon Chippewa Community, 3051 Sand Lake Road, Crandon, WI 54520 or send by email to tlac@scc-nsn.gov.

PERSONAL INFORMATION	
First and Last Name:	
Street Address:	
City, State and Zip:	
Phone:	
Email:	
Date of Birth:	
Social Security Number:	
Tribal Affiliation:	
Do you have a valid driver's license?	Yes or No
Driver's License Number:	
DEMOGRAPHIC INFORMATION: <i>The following information is voluntary. All information provided is protected under the Privacy Act of 1974 which states that we must explain why we are asking for information and how it will be used. The Tribal Labor Advisory Committee uses this information for reporting to its funding source. This information does not determine or affect your eligibility for this training scholarship. This data may be used for referring to additional resources, further training and work placements.</i>	
Are you a Veteran?	Yes or No



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Are you currently employed?	Yes or No
Do you have a work-related disability?	Yes or No
Have you ever been convicted of a felony?	Yes or No
Your gender	Female or Male
EMERGENCY CONTACT INFORMATION: Please provide an emergency contact person who will be available in case we need to reach them.	
Name:	
Relationship:	
Phone:	
Street Address:	
City, State and Zip:	

EDUCATION: Check any applicable options		
No High School Diploma or GED	GED/HSED	Associates Degree
High School Diploma	Some College	Bachelor's Degree or Higher
Certifications or additional training you have had:		



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EMPLOYMENT HISTORY: Please list your three previous employers (including service in armed forces). You may also attach a resume.	
Employer Name:	
Employer Address:	
Employer City, State and Zip:	
Phone:	
State and End Dates:	
Duties:	
Employer Name:	
Employer Address:	
Employer City, State and Zip:	
Phone:	
State and End Dates:	
Duties:	



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Employer Name:	
Employer Address:	
Employer City, State and Zip:	
Phone:	
State and End Dates:	
Duties:	
<p>SIGNATURE: I certify the answers provided on this application are true and correct with consequential omissions of any kind. I understand any misleading or incorrect states may render this application void, and if selected for the training scholarship, may be cause for revocation. I authorize the companies, schools and persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage issuing this information in consideration of selection for the TrANS program. I authorize the Tribal Labor Advisory Committee to contact previous employers and references given here and release them from all liability.</p>	
Signature	Date