



July 10, 2024

Subject: Bulk Fuel Operator Training

Attn: General Manager/ City or Tribal Administrator

The Alaska Energy Authority (AEA) has an upcoming **Bulk Fuel Operator Training Class beginning August 19, 2024**. 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 2 weeks long and will be held on-campus at the Alaska Vocational Technical and Educational Center (AVTEC) in Seward, Alaska. The training program pays for transportation to and from Seward, tuition, and room and board while in Seward. 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 by August 12, 2024. 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) 771-3093 or [jtuomi@akenergyauthority.org](mailto:jtuomi@akenergyauthority.org). I look forward to hearing from you.

Sincerely,

Justin Tuomi  
Rural Assistance 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:

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 |

**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  
 M  F

(\_\_\_\_) \_\_\_\_\_    (\_\_\_\_) \_\_\_\_\_    \_\_\_\_\_

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: 8-19-24

**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,    Justin Tuomi 907-771-3093

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? Yes No  
*If yes, submit copies of court judgment records for review by AVTEC's Counseling Department.*

Are you currently incarcerated, on probation or parole, or have been within the past six months? Yes No  
*If yes, submit copies of court judgment records for review by AVTEC's Counseling Department.*

Have you been court ordered to complete an assessment or treatment program? Yes No  
*If yes, submit copies of court judgment records and proof of completion of the treatment program for review by AVTEC's Counseling Department.*

|  |   |
|--|---|
| <b>HOW DID YOU HEAR ABOUT AVTEC?</b>   | <b>CITIZENSHIP &amp; ETHNICITY</b> - <i>Voluntary completion by all applicants</i>  |
| <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  |
|  | <b>ETHNICITY</b> - <i>Voluntary completion by Non-Hispanics only</i>  |
|  | <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? Yes No *If*  
*yes, please list:* \_\_\_\_\_

**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. Students are scheduled on a space-available basis.
- 2. A photocopy of a government-issued picture ID (i.e. driver's license, state ID card, tribal ID card) must be submitted.
- 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.
- 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.
- 5. Non-resident tuition is double the amount listed for residents. (Other costs are the same as for Alaskan residents.)
- 6. Complete the Free Application for Federal Student Aid (FAFSA). AVTEC School Code is: **031603**

**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. **THE TRAINING APPLICATION IS VALID FOR ONE YEAR.**

**BY SUBMITTING THIS APPLICATION, I AGREE THAT I AM SOLELY RESPONSIBLE FOR ANY DEBT I HAVE INCURRED AT AVTEC.**

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE



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 any and all training costs incurred (up to \$6500). 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 \_\_\_\_\_



## 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.

I \_\_\_\_\_ (name of training participant) certify that I will bring these items with me to training or will purchase them before classes begin.

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 and will make clear how the employee will pay for the items.

Signature, Supervisor or Designee

x \_\_\_\_\_

Date \_\_\_\_\_

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

# AVTEC - ALASKA'S INSTITUTE OF TECHNOLOGY

## DORMITORY APPLICATION

### CONDITIONS OF THE CONTRACT AND PAYMENT

This is a binding agreement between AVTEC and the student signing this contract.

This contract covers the entire academic year for which the student has contracted for training.

- A student may move in up to two days prior to the first date of training, and move out up to two days after graduation/withdrawal/termination. Any time beyond two days must be arranged with the Student Services Coordinator.
- The student resident must pay his/her dormitory bill for the entire term the first day of training. Fall term is the period of time from the start of the student's training program until the Christmas break. Spring term is the period of time from the end of Christmas break until the student's graduation date or summer break, whichever comes first. Failure to make timely payments may terminate the contract.
- If the student chooses to move into the dorms after the term has begun, fees must be paid when the student moves in for charges starting the day they move in until the end of the term.
- Students may move out of the dorms at the end of each term (Christmas and summer) without penalty. The student must notify a dormitory attendant that they do not intend to move back into the dormitory after the break. This notification must be made in writing.
- If a student moves from the dormitory at any time during the contract period, either by choice, eviction, withdrawal, or termination, the student forfeits payments made for the current dormitory term charges. Students who graduate early will be charged up to the date they move out of the dorms. Any payment in excess of charges will be refunded.
- Students who have been awarded sufficient financial aid to cover tuition and room and board payments may delay full payment until financial aid disburses. All payments will be automatically deducted for the remaining balance once the financial aid disburses.
- Students who do not meet requirements for their financial aid disbursement, due to not meeting Satisfactory Academic Progress requirements or any other reason, must make other payment arrangements for what is owed AVTEC.
- Termination of this contract for extenuating circumstances must be addressed in writing to the Student Services Coordinator and/or Deputy Director.

### CONDITIONS OF RESIDENCE

- Dorm rooms are assigned by the AVTEC dorm staff; changes to room assignments must be made by the dorm staff.
- Each resident is responsible for keeping his/her residence clean and for preventing damage beyond reasonable wear to AVTEC property. Damage charges will be billed to the resident when damage occurs, or when the resident checks out. The resident will be responsible for the costs.
- AVTEC will assume no responsibility for the loss or damage of personal property of residents.
- The resident agrees to abide by all rules and regulations as printed in the AVTEC Student Handbook. Specifically alcohol and controlled substances are strictly prohibited from the dormitories, and all AVTEC facilities. Any student who is found in possession and/or under the influence of alcohol and /or controlled substances will receive an eviction notice from the dormitory with no refund of room and board for the term in which the eviction occurs. All other rules and regulations must be read and understood before the signing of this contract.



**SUBMIT THIS APPLICATION TO RESERVE A DORM ROOM**

\_\_\_\_\_ Gender:  Male  Female  
 Last Name First Name M.I.  
 \_\_\_\_\_  
 Mailing Address City State Zip Code E-mail Address  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_ (\_\_\_\_)\_\_\_\_  
 Date of Birth Current Age Home Phone Number Cell Phone Number

| <b>AVTEC – A NON-SMOKING FACILITY</b>  | <b>TRAINING PROGRAM</b>   |
|--|---|
| <input type="checkbox"/> I am a smoker<br><input type="checkbox"/> I am a non-smoker | _____<br><b>Start Date:</b> _____ <b>Graduation Date:</b> _____ |

**EMERGENCY NOTIFICATION**

\_\_\_\_\_ (\_\_\_\_)\_\_\_\_ (\_\_\_\_)\_\_\_\_  
 Name Relationship Home Phone Cell Phone

**DORM PREFERENCE / ROOMMATE REQUEST**

\_\_\_\_\_

**SPECIAL NEEDS / ACCOMMODATIONS** *(Please contact AVTEC Admissions Office with documented disability information.)*

\_\_\_\_\_

**SIGNATURE**

I agree to be bound by the terms of the Dormitory Residence Contract printed on the back of this application.

I accept financial responsibility for the full contract period I have stated above. I understand I can break this contract only at the end of a school term (at Christmas break or summer break).

I understand that any violation of AVTEC policy regarding alcohol, drugs, violence, or other unacceptable behavior as detailed in AVTEC publications will result in the termination of this contract, but will not release me from the financial obligation.

**MINIMUM AGE IS 18 FOR ACCEPTANCE INTO THE DORMITORY.**

\_\_\_\_\_  
 Printed Name of Student Student's Signature Date