San Xavier Allottees Association
SXAA ACADEMY Enrollment Application

What is your career Choice: _____ **Date**: _____

How did you learn about this program: _____ **Are you an Allottee/Descendent?** **YES** **NO**

Personal Information

Name: _____
Last First Middle

Are you known by other names while previously employed?

If YES, list name: _____
Last First Middle

Mailing Address: _____
P.O. Box/ Street Address City State Zip Code

Address: _____
Street Address City State Zip Code

Telephone number Day: (_____) _____ Email: _____

Military

Are you a Veteran? **YES** **NO** **Branch & Dates of Service**: _____

Rank & Type of Discharge: _____ **Date of Discharge**: _____

References

List two (2) individuals other than a relative or supervisors.

Name	Address	City/State/Zip	Telephone Number
Name	Address	City/State/Zip	Telephone Number

Training Program/Area of Interest

Please select the training area(s) you are interested in:

☐ **CORE: Introduction to Basic Construction Skills**

☐ **Carpentry** ☐ **Electrical** ☐ **Plumbing** ☐ **Construction Safety / OSHA**

☐ **Heavy Equipment** ☐ **Masonry** ☐ **Other:** _____

What is your primary career or training goals?

Name: _____

Education

	Name and Address	Course of Study	Did you Graduate	List Degree(s) Awarded
High School			YES NO	
College or Other			YES NO	
Graduate School or Other			YES NO	

(Submit copies of Degrees or Certificates)

List employment history, (start with the most recent). It is important to include all periods of employment; voluntary, training, military, etc. If more space is needed, use the same format on another piece of paper or a continuation sheet in the same format. Please explain gaps in employment

Job Title: _____ **Supervisor's name:** _____
Company Name: _____ **Supervisor's Title:** _____
Address: _____ **Phone Number:** _____
City/State/Zip: _____ **How many people did you supervise:** _____
Worked From (mo/yr): _____ **To (mo/yr):** _____ **Starting pay:** _____ **Ending Pay:** _____
Average hours worked per week: _____ **Reason for leaving:** _____
Describe Work Performed:

Job Title: _____ **Supervisor's name:** _____
Company Name: _____ **Supervisor's Title:** _____
Address: _____ **Phone Number:** _____
City/State/Zip: _____ **How many people did you supervise:** _____
Worked From (mo/yr): _____ **To (mo/yr):** _____ **Starting pay:** _____ **Ending Pay:** _____
Average hours worked per week: _____ **Reason for leaving:** _____
Describe Work Performed:

Job Title: _____ **Supervisor's name:** _____
Company Name: _____ **Supervisor's Title:** _____
Address: _____ **Phone Number:** _____
City/State/Zip: _____ **How many people did you supervise:** _____
Worked From (mo/yr): _____ **To (mo/yr):** _____ **Starting pay:** _____ **Ending Pay:** _____
Average hours worked per week: _____ **Reason for leaving:** _____
Describe Work Performed: _____

Name: _____

Skills, Certifications & Experience

Check any skills or credentials you currently have:

☐ Hand Tools ☐ Power Tools ☐ Carpentry ☐ Electrical ☐ Plumbing

☐ Welding ☐ Concrete/Masonry ☐ Equipment Operation ☐ Blueprint Reading

☐ OSHA-10/30 ☐ First Aid/CPR ☐ NCCER ☐ Driver's License

☐ Other certification/skills: _____

Availability & Learning Preferences

Preferred Training Schedule: ☐ Weekday ☐ Evening ☐ Weekend

Preferred Learning Format: ☐ Hands-on ☐ Classroom ☐ Combination

Transportation Available: ☐ Yes ☐ No ☐ May Need Assistance

Computer/Internet Access: ☐ Yes ☐ No

Emergency Contact

Name	Relationship	Phone

Student Statement & Authorization

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee admission or enrollment in a training program. I agree to follow SXAA Academy's policies, safety requirements, attendance expectations, and standards of conduct if accepted.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if required): _____ Date: _____

For SXAA Academy Office Use Only

Application Received: _____

Interview Date: _____

Admission Status: ☐ Accepted ☐ Waitlisted ☐ Not Accepted

Program Assigned: _____

Staff Initials: _____

Applications may be mailed and/or emailed to the following address. Faxes not acceptable.

*325 East Vamori Street * Tucson, Arizona 85756 * Phone: (520) 807-2121*
** Email: **sxaa_academy @sanxavierallottee.org***