

## LINKEDIN LEARNING SUBSCRIPTION APPLICATION

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GENERAL INFORMATION				
LAST NAME		FIRST NAME		DATE OF BIRTH
MAILING ADDRESS	STREET ADDRESS		CITY	STATE ZIP CODE
PERSONAL EMAIL ADDRES	SS			PHONE NUMBER
JOB INFORMATION				
IATSE UNION N	MEMBER YES	O NO	NON-MEMBER WORKIN UNDER IATSE AGREEME	
IATSE LOCAL#	Ŀ		PRIMARY JOB CLASSIFICATION	
IATSE TTF SAFETY FIRST! ONLINE COURSES				
These courses promote safe working conditions by providing information, tools, and resources to recognize potential hazards and minimize risks. Visit our website to learn more: www.iatsetrainingtrust.org/safetyfirst  CHECK HERE IF YOU'D LIKE A FREE IATSE TTF SAFETY FIRST! ONLINE COURSES ACCOUNT				
CERTIFICATION				
I certify that the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information I have given on this form. I agree and understand that the IATSE Training Trust Fund will share my name and contact information with my union and employer to verify my eligibility, enrollment status, and course completion. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with my Local Union LinkedIn Learning contact (aka Group Assistant). Group Assistants can create and assign customized Learning Paths and view member usage reports. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with the LMS manager, so they can email me my credentials.				
APPLICANT SIGNATURE				TODAY'S DATE
				RVD 5/1/19
IATSE TTF USE ONLY	O ELIGIBLE (	) INELIGIBLE	O CONFIRMED	O ACCESS DATE