KANSAS MUNICIPAL UTILITIES

KMU Energy Academy Enrollment Request

This form is used to request enrollment for a municipal employee in one or more KMU Energy Academy programs. Upon completion, email the form to kmu@kmunet.org or fax to (620) 241-7829. A staff member will contact you to answer questions and complete the enrollment process.

Energy Academies

Enroll in *(check all that apply)*:

- ☐ Lineworker Apprenticeship
- ☐ Power Plant Operations
- ☐ Substation Electrician
- ☐ Gas Operator Qualification

Date to Begin Program

_____

KMU Membership Status

- ☐ Member
- ☐ Non-Member

City Contact Information

City/Utility Name: _____ Employer Identification Number: _____

Address/City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Billing Email: _____ Phone: _____

Student Information

Suffix: _____ First Name: _____ Middle Initial: _____ Last Name: _____

Social Security # *(optional)*: _____ Date of Birth: _____

Gender *(optional, check one)*:

- ☐ Male
- ☐ Female

Race *(optional, check one)*:

- ☐ Hispanic/Latino Ethnicity
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Mobile Phone: _____

Veteran Status: _____ Disability: _____

Education *(check one)*: ☐ High School ☐ Some College or AA ☐ Bachelor ☐ Master ☐ Doctorate Degree

Employment Status *(check one)*: ☐ New ☐ Existing Occupation: _____

Current Hourly Wage: _____ Credit for Previous Related Training/Experience in Hours: _____