



OFFICE USE ONLY		
CASH		Start: _____
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ID#	_____	

APPLICATION FOR ADMISSION

The information on this form can only be used for the administration and delivery of government funded programs and will not be used for any other purpose.

Name: _____ SS#: _____
First Middle Initial Last

Resident Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone #: _____

Alternate Phone#: _____ E-mail: _____

Your date of birth: _____ Are you an American citizen? _____ If not, do you have the right to legally work in the United States? _____ Are you a veteran of the United States military? _____

Please check the program/course for which you are applying:

Metal Sculpting Class <input type="checkbox"/>	Intro to CAD Systems <input type="checkbox"/>	
Welding <input type="checkbox"/>		
Industrial Maintenance Mechanic <input type="checkbox"/>		
Machine Tool Technology <input type="checkbox"/>		

Educational Background

High School Attended: _____ City: _____ State: _____

Did you graduate? _____ If no, give highest grade completed: _____ If you received a GED, give year: _____

School or facility where you received your GED? _____

List all education and training since high school:

School	Type of Training	Did you receive a Certificate	Year Completed

Signature: _____ Date: _____

Emergency Contact Information: List at least three emergency contact numbers.

Name	Relationship	Home Phone #

I certify that the information given is true to the best of my knowledge. I further understand that providing false information or withholding information requested could result in immediate termination from the training program.

Signature: _____ **Date:** _____