

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #:\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_ US Citizen: \_\_\_Yes \_\_\_No SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: : \_\_\_M \_\_\_F Marital Status: \_\_\_Single \_\_\_Married \_\_\_Widowed \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_Hispanic \_\_\_American Indian \_\_\_Asian \_\_\_Black/African American \_\_\_White/Caucasian \_\_\_Pacific Islander \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License/ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued:\_\_\_\_\_ (Passport #/Visa etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed: \_\_\_Yes \_\_\_No \_\_\_Full-Time \_\_\_Part-Time

If employed: Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest level of education completed: \_\_\_GED \_\_\_High School \_\_\_Associates Degree \_\_\_Bachelor’s Degree \_\_\_Master’s Degree

Emergency Contact:

Name #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINING INTEREST
*(Select top two preferences by listing “1” and “2”)*

\_\_\_ELECTRICAL \_\_\_INSTRUMENTATION \_\_\_MILLWRIGHT \_\_\_PIPEFITTING \_\_\_WELDING

Do you have a TWIC? \_\_\_Yes \_\_\_No If yes, TWIC #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you have a safety card? \_\_\_Yes \_\_\_No If yes, type of card & number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to take an on-site drug test? \_\_\_Yes \_\_\_No

Do you have transportation to training? \_\_\_Yes \_\_\_No If no, how do you plan to attend class?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently work in one of these trades or have previous experience? \_\_\_Yes \_\_\_No

If yes, please list trade(s) and years’ experience:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**TABE TEST SCORES

Test Form:\_\_\_\_\_
Reading Scale Score:\_\_\_\_\_
Grade level: \_\_\_\_\_\_
Math Computation Scale Score:\_\_\_\_\_
Grade Level:\_\_\_\_\_
Applied Math Scale Score:\_\_\_\_\_
Grade Level:\_\_\_\_\_
Total Math Scale Score/Grade:\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_