

APPLICATION FOR ENROLLMENT – payment must accompany this application

CARBON CAREER & TECHNICAL INSTITUTE

(570) 325-3682 x1517/FAX: (570)325-4710

www.carboncti.org

SS# _____

NAME _____
Last First MI Maiden

ADDRESS _____
Street Address City State Zip + 4

TELEPHONE NUMBER(S) (Please indicate which number you prefer to use first)

HOME (____) _____ CELL(____) _____ WORK (____) _____

E-MAIL _____

SCHOOL DISTRICT IN WHICH YOU RESIDE _____ COUNTY _____

ARE YOU REGISTERED WITH THE CAREERLINK?

- YES
- NO

WORKFORCE TRAINING?

- YES
- NO

PROGRAM IN WHICH YOU ARE APPLYING: _____

WHY HAVE YOU SELECTED THIS PROGRAM? _____

HOW DID YOU HEAR ABOUT THE PROGRAM?

- | | |
|--|--|
| <input type="checkbox"/> RELATIVE, FRIEND, AQUAINTANCE | <input type="checkbox"/> LOCAL PA CAREERLINK |
| <input type="checkbox"/> EDUCATIONAL INSTITUTION | <input type="checkbox"/> INSTITUTION STAFF |
| <input type="checkbox"/> ADVERTISEMENT: _____ | <input type="checkbox"/> COURT MANDATED/WELFARE REQUIRED |
| <input type="checkbox"/> WORKSITE | <input type="checkbox"/> MILITARY RECRUITER |
| <input type="checkbox"/> PREVIOUSLY ATTENDED | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> COMMUNITY ORGANIZATION | |

EDUCATION:

HIGHEST GRADE COMPLETED (1-11): _____ HS DIPLOMA GED SPECIAL ED/IEP DIPLOMA

SOME COLLEGE ASSOCIATE DEGREE BACHELOR'S DEGREE MASTER'S DEGREE DOCTORATE

Major _____

Trade/Technical School - Degree/Certificate Earned _____ in _____

Check if you have previously attended CCTI - Name used if different from above _____

Program(s) you attended _____

WORK EXPERIENCE: Have you been employed during the past 6 months? no yes

Employed FT Employed PT Unemployed Unavailable

CURRENT EMPLOYER NAME _____

ADDRESS _____ START DATE: _____

JOB TITLE _____ HRS/WEEK _____ PAY RATE _____

ADDITIONAL GOALS YOU ARE INTERESTED IN OBTAINING (CHECK ALL THAT APPLY)

- GED
- Advance to post-secondary education/training
- Enter employment
- U.S. Citizenship
- Retain employment/advance employment
- Register to vote
- Driver's license
- Other _____

THE FOLLOWING INFORMATION IS REQUIRED BY FEDERAL AND STATE AGENCIES AND USED FOR STATISTICAL/FUNDING PURPOSES. THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL NOT BE CONSIDERED FOR ACCEPTANCE IN THIS PROGRAM.

Age: _____ Date of Birth: _____

GENDER

- Male
- Female

RACE

- Caucasian
- African-American
- Asian
- Hispanic
- Pacific Islander
- Multi-racial
- American Indian

PLEASE CHECK ALL THAT APPLY

- Limited English/ESL
- Learning Disabled
- Physically Disabled
- Single Parent
- Offender
- TANF
- Public Assistance
- Other
- Displaced Homemaker
- Dislocated Worker
- Workforce Training Eligible
- Trade Readjustment Act Eligible
- Single Parent
- Parent of child(ren) under the age of 18
- Immigrant

CORRECTIONAL

- No
- Yes

IN CASE OF AN EMERGENCY, PLEASE INDICATE SOMEONE WE MAY CONTACT ON YOUR BEHALF

Name Relationship Telephone

DATE

SIGNATURE

Please send completed form and **payment** to:
CCTI - Adult Education
150 W. 13th STREET
JIM THORPE, PA 18229

It is the policy of the CCTI Adult Education Center not to discriminate on the basis of race, color, national origin, sex, age or disability in all its admissions, procedures, educational programs activities or employment.

(FOR OFFICE USE ONLY) PAYMENT INFORMATION;

DATE RECEIVED: _____ AMOUNT PAID \$ _____ CK #: _____ REC'D BY: _____