PENNDOT SAFETY INSPECTION
APPLICATION FOR ENROLLMENT

Please include with this application:

☐ Payment with application check payable to CCTI- Adult Education

☐ Copy of front and back of valid PA driver’s license

☐ Copy of valid Class I certification card; if applicable for add on exams only

SS# ___________________________ Date Of Birth: _______________ Age: _______

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 ________

PROGRAM IN WHICH YOU ARE APPLYING (please check):

☐ CLASS I $190 Passenger Cars/Trucks 17,000 pounds or less/trailers 10,000 pounds or less

☐ CLASS II $45 Motorcycles

☐ CLASS III $45 Trucks over 17,000 pounds/trailers over 10,000 pounds/buses

☐ CLASS IV $45 Enhanced Inspector

☐ CLASS IV $45 Enhanced Document Writer

***** please note you can only inspect what you are licensed to drive *****

You must attend all classwork hours to sit for the exam. No make-up time is available. Please report to the CCTI “Main Entrance” on the first night of class at 5:45 p.m.

WHY HAVE YOU SELECTED THIS PROGRAM? ________________________________________________________________

HOW DID YOU HEAR ABOUT THE PROGRAM?

☐ RELATIVE, FRIEND, AQUAINTANCE ☐ LOCAL PA CAREERLINK

☐ EDUCATIONAL INSTITUTION ☐ INSTITUTION STAFF

☐ ADVERTISEMENT: ___________________________ ☐ COURT MANDATED/WELFARE REQUIRED

☐ WORKSITE ☐ MILITARY RECRUITER

☐ PREVIOUSLY ATTENDED ☐ OTHER: ____________________________

☐ 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 ____________________________________________________________

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 ☐ Retired

CURRENT EMPLOYER NAME________________________________________

ADDRESS: ______________________________________________________ START DATE: __________________________

JOB TITLE_________________________________ HRS/WEEK_________ PAY RATE________

ARE YOU REGISTERED WITH THE CAREERLINK? WORKFORCE TRAINING?

☐ YES ☐ NO

☐ YES ☐ NO

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

☐ GED ☐ Retain employment/advance employment

☐ Advance to post-secondary education/training ☐ Register to vote

☐ Enter employment ☐ Driver’s license

☐ U.S. Citizenship ☐ 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.

GENDER

☐ Male ☐ Learning Disabled ☐ Displaced Homemaker

☐ Female ☐ Limited English/ESL ☐ Dislocated Worker

RACE

☐ Caucasian ☐ Physically Disabled ☐ Workforce Training Eligible

☐ African-American ☐ Single Parent ☐ Trade Readjustment Act Eligible

☐ Asian ☐ Offender ☐ Parent of child(ren) under the age of 18

☐ Hispanic ☐ TANF ☐ Immigrant

☐ Pacific Islander ☐ Public Assistance ☐ Other________________________

☐ Multi-racial ☐ CORRECTIONAL

☐ American Indian ☐ ☐ No ☐ Yes

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

________________________________________________________________________________

Name Relationship Telephone

________________________________________________________________

DATE SIGNATURE

(OFFICE USE ONLY) PAYMENT INFORMATION:

DATE RECEIVED:_________________________AMOUNT PAID $__________________ CK #:_______ REC’D BY:________________________

Non-discrimination policy: It is the policy of Carbon Career & Technical Institute not to discriminate on the basis of race, color, religion, sex, national origin, age, physical handicap or disability in its educational programs, activities, or employment policies, as required by federal and Pennsylvania law. For information regarding services, activities, programs, and facilities that are accessible to and usable by handicapped persons, contact the director of adult education tel: (570) 325-3682 x1517.