



CARBON CAREER & TECHNICAL INSTITUTE ADULT EDUCATION

150 West 13th Street
Jim Thorpe, PA 18229
www.carboncti.org

PENNDOT SAFETY INSPECTION APPLICATION FOR ENROLLMENT

570-325-3682 x1517

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?

- | | |
|--|--|
| <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 Retired

CURRENT EMPLOYER NAME _____

ADDRESS: _____ START DATE: _____

JOB TITLE _____ HRS/WEEK _____ PAY RATE _____

ARE YOU REGISTERED WITH THE CAREERLINK?

- YES
 NO

WORKFORCE TRAINING?

- YES
 NO

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

- | | |
|---|---|
| <input type="checkbox"/> GED | <input type="checkbox"/> Retain employment/advance employment |
| <input type="checkbox"/> Advance to post-secondary education/training | <input type="checkbox"/> Register to vote |
| <input type="checkbox"/> Enter employment | <input type="checkbox"/> Driver's license |
| <input type="checkbox"/> U.S. Citizenship | <input type="checkbox"/> 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
 Female

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
 Parent of child(ren) under the age of 18
 Immigrant

RACE

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

- CORRECTIONAL**
 No Yes

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

Name

Relationship

Telephone

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.

DATE

SIGNATURE

(OFFICE USE ONLY) PAYMENT INFORMATION:

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