



Application

Personal Information

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ Email Address _____

Citizenship Status

US Citizen Permanent Resident Alien Registration Number or Visa Type _____

If not a US citizen, place of birth (city and country) _____

Social Security Number _____

Employment Information (If Applicable)

Employer's Name _____

Employer's Address _____

Applicant's Current Title _____

Description of Current Position _____

List previous employment below, starting with most recent employment.

Employer	Position	Description of duties	Dates of employment

Educational Background

What is the highest level of education you have completed?

College High School diploma (list year of graduation: _____) GED
 Some high school Less than some high school (list last grade completed _____)

Is English your first language? Yes No If no, what is your first language? _____

Please list any skills or special training you have received either in school or on the job in the last five years?

What do you hope to gain from this training program?

What do you consider to be your strengths and your weaknesses?

Please check the areas of training that you are interested in exploring

- | | |
|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Computer Software |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Custodial Services |
| <input type="checkbox"/> Hotel Services | <input type="checkbox"/> Environmental Services |
| <input type="checkbox"/> Food Industry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child Care/Education | _____ |

Applicant's Signature

Date

What is the best time of day for you to take classes? _____

How will you get to class? _____

Will transportation to classes be a problem for you? If so, describe _____

Will you need childcare during classes? ___ Yes ___ No If yes, list the names and ages of your children.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Thank you for your application! A CEET staff person will be assigned to talk with you about your training program and help you choose the classes that will be best for you. Someone will contact you within a week to follow up on your application.

Application completed by _____

CEET Staff Name

Comments: