



BROCKWAY

Center for *Arts & Technology*

BROCKWAY CENTER FOR ARTS & TECHNOLOGY
 PARKSIDE BUILDING | 1200 WOOD STREET
 BROCKWAY, PA 15824 | PHONE: 814.265.1111
 WWW.BROCKWAYCAT.ORG

APPLICATION FOR TRAINING

Last Name	First Name	Middle Initial	Date	Social Security Number
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Street Address	City	State	Zip Code	Home Phone (Include area code)
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In Case of Emergency (Different Contact Name and Phone, include area code)	Cell Phone
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Email Address

Training Desired: Electronic Record Medical Assistant Pharmacy Technician

Briefly describe why you are interested in training. Please include your short and long-range employment goals.

Where did you hear about us?

Are you a United States Citizen? Yes No

Are you eligible to work in the United States? Yes No*

*If no, Type of Visa Visa Number Expiration Date

Are you a resident of the Commonwealth of Pennsylvania? Yes No

Are you a Military Veteran? Yes* No

*If yes, list Branch of Service Date Entered Date Discharged

Are you eligible for Veterans Benefits? Yes No

Is there anything that would prevent you from fulfilling the requirements of the training program? Yes* No

*If yes, please explain: _____

Are you in need of any special assistance or accommodations to attend school? Yes* No

*If yes, please explain: _____

Have you ever pled guilty to or been convicted of any violation other than a misdemeanor? Yes* No

(Do not include parking tickets, convictions, or guilty pleas for which a record has been sealed/exspunged.)
 *If yes, please explain: _____

EDUCATION

Have you previously attended BrockwayCAT?

Yes*

No

If yes, when? _____

What program? _____ Did you graduate? _____

Yes

No

Date graduated _____

HIGH SCHOOL

High School	Street Address		
School Address	City	State	Zip
Dates attended: From	To	Course or Field of Study	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
GED Score _____	Date Passed _____		

BUS./TECH.

Business/Technical School	Street Address		
School Address	City	State	Zip
Dates attended: From	To	Course or Field of Study	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certificate or Degree Earned _____			

COLLEGE

College/University	Street Address		
School Address	City	State	Zip
Dates attended: From	To	Course or Field of Study	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certificate or Degree Earned _____			

List additional training schools/seminars here. (Include school name, course or field of study, and completion date.)

ADDITIONAL SKILLS

Typing NWAM	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ten Key Adding Machine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Software Packages Used _____		
Additional Employment Skills _____		

EMPLOYMENT HISTORY

Present or Most Recent Employer		Street Address	
Address	City	State	Zip
From	To	Department	
Job Title	Supervisor	Rate of Pay	
Briefly describe your reason for leaving			

Previous Employer		Street Address	
Address	City	State	Zip
From	To	Department	
Job Title	Supervisor	Rate of Pay	
Briefly describe your reason for leaving			

Previous Employer		Street Address	
Address	City	State	Zip
From	To	Department	
Job Title	Supervisor	Rate of Pay	
Briefly describe your reason for leaving			

UNEMPLOYMENT

From _____ to _____

Please explain gaps in employment _____

From _____ to _____

Please explain gaps in employment _____

PLEASE READ AND SIGN BELOW

My signature below indicates that I have read, understood, made correct, and completed, and completed statements on this application and any supplements to it. I understand that any omission or false statement made by me will result in disqualification, or discharge from training, or the revocation of completion certificate.

Applicant Signature _____ Date _____

APPLICANT DO NOT WRITE ON THIS PAGE
STAFF USE ONLY

TEST RESULTS

Test Date	Tester Initials	Reading Comprehension	Vocabulary	Math	Typing



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