



# 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
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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.

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Where did you hear about us?

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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

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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

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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: \_\_\_\_\_

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

\*If yes, please explain: \_\_\_\_\_

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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: \_\_\_\_\_

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# 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  Yes  No

Ten Key Adding Machine  Yes  No

Personal Computer  Yes  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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