



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

APPLICATION FOR TRAINING

Last Name	First Name	Middle Initial	Date	Birth Date
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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)	Emergency Contact Phone
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Email Address

Training Desired: ☐ Clinical Medical Assistant & Phlebotomist ☐ Pharmacy Technician

Briefly describe why you are interested in training. How will this job training benefit you?

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*

<i>*If no, Type of Visa</i>	<i>Visa Number</i>	<i>Expiration Date</i>
<hr/>	<hr/>	<hr/>

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

Are you a Military Veteran? ☐ Yes* ☐ No

<i>*If yes, list Branch of Service</i>	<i>Date Entered</i>	<i>Date Discharged</i>
<hr/>	<hr/>	<hr/>

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:*

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/expunged.)

**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

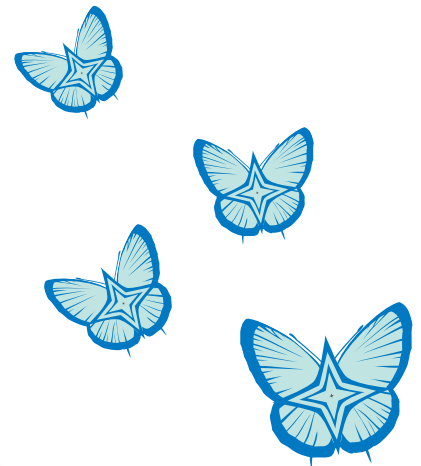
High School	Street Address		
School Address	City	State	Zip
Dates attended: From	To	Course or Field of Study	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
GED Score _____		Date Passed _____	

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 _____			



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
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