



**AFTER COMPLETING THIS APPLICATION
RETURN TO: Lac Courte Oreilles Ojibwa Community College**
Extension Department
13466W Trepania Road, Hayward, WI 54843
Phone: 715.634.4790 Ext 121
FAX: 715.634.5049
Email: arusk@lco.edu



TrANS Program Application

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Date: _____

How did you find out about the TrANS Program?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Technical College |
| <input type="checkbox"/> Job Center | <input type="checkbox"/> Other _____ |

Personal Data

Name: _____

Last

First

Middle

Other name used: _____

Street Address: _____

City

State

Zip Code

Phone # _____

Message #: _____

Drivers License #: _____

Skill Assessment

1. Do you have a Commercial Drivers License (CDL)? ☐ Yes ☐ No

Please check the endorsements you hold:

- | | |
|---|--|
| <input type="checkbox"/> S - School Bus | <input type="checkbox"/> N - Tank Vehicles |
| <input type="checkbox"/> P - Passengers | <input type="checkbox"/> T - Double/Triples Trailers |
| <input type="checkbox"/> H - Haz Mat | <input type="checkbox"/> F - Farm (restricted) |

2. Do you have any trade licenses, certificates, or union affiliation? ☐ Yes ☐ No

If yes, please list: _____

3. Name any tools (hand or power) that you are able to operate comfortably.

4. Do you know how to drive a manual transmission vehicle?

☐ Yes ☐ No

5. Have you ever operated a heavy duty vehicle or machine, six wheeler, multi-ton, straight truck?

☐ Yes ☐ No

Please List _____

6. What is your current means of transportation? _____

Year and make of privately owned vehicle _____

Special Eligibility Checklist

The following information is voluntary. All information provided is protected under the Privacy Act of 1974 which states that we must explain why we are asking for information and how it will be used. The TrANS Program uses this information for reporting to our funding source. This information does not determine or affect your eligibility for the training. This data may be used for determining resource referrals, further training and placement for you.

Concerns

Do you have any special needs that need to be addressed to complete the classes? Examples may be: Vision, Hearing, Language Barriers, Airborne Allergies, Back Problems, Carpel Tunnel Syndrome, etc.

() Yes () No

If yes, please explain the need and how we can assist.

Are there any medical, emotional, or educational concerns that will affect your career in construction?

() Yes () No

If yes, please explain.

Demographic Data

Social Security # _____

Date of Birth _____

Race:

() African American () Hispanic
() Asian () Native American
() Caucasian () Other _____

Marital Status:

() Single () Separated
() Married () Engaged
() Divorced () Widowed

Children

If you have nay children, please list their names and birth dates (use additional space on back if necessary)

NAMES:

BIRTHDATES:

Do you currently pay for child care? () Yes () No

Have you ever made or received child support payments? () Yes () No

Needs

Please check all that apply

Are you a veteran? () Yes () No
Are you currently employed? () Yes () No
Do you have a work related disability? () Yes () No
Are you under 22 years old? () Yes () No
Are you over 55 years old? () Yes () No
Are you currently living in a shelter? () Yes () No
Have you ever been convicted of a felony? () Yes () No
Will this be your 1st full time job? () Yes () No
Are you entering the work force due to separation, divorce, death of a spouse? () Yes () No

Income Sources

Please check all that apply

____ Employment
____ Unemployment Compensation
____ Worker's Compensation
____ W2
____ SSI/SSD
____ Title 19
____ Food Stamps
____ Child Support
____ Foster Child Assistance

Education

School Name	Grade Level/Tests Completed	Diploma/Degree/Certificate
High School:	9 10 11 12	
GED Location:	1 2 3 4 5	
College:	1 2 3 4 +	
Trade/Technical School:	Credits _____	
Military Training:	Course Length _____	MOS/Job Title

Employment

Name of Employer: _____
Employer Address: _____
Start Date (month, year) _____ End Date (month, year) _____
Job Title & Duties _____

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Employer Address: _____
Start Date (month, year) _____ End Date (month, year) _____
Job Title & Duties _____

Please explain why you are interested in the TrANS program?

References

List (2) professional/educational references who are not relatives or friends. Example: teachers, instructors, past supervisors, OR individuals that you know in the road construction industry.

Name: _____ Years of acquaintance: _____
Occupation/Title _____ Phone: _____

Name: _____ Years of acquaintance: _____
Occupation/Title _____ Phone: _____

Please list an emergency contact person that always knows how to reach you.

Name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip Code _____
Telephone at Home: _____ Telephone at work: _____

I certify that the answers given by me to the forgoing questions and statements are true and without consequential omissions of any kind. I understand that any misleading or incorrect statements may render this application void, and if selected for training, may be cause for termination. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information in consideration of selection for program. I agree to conform to the rules and regulations of the agency providers.

Signature:

Date:

Trans Notes: (For office use only)