



BROCKWAY

Center for Arts & Technology

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

APPLICATION FOR TRAINING

Last or Married Name	First Name	Middle Initial	Maiden Name
Mailing Address (Street)	City	State	Zip Code
In Case of Emergency (Different Contact Name and Phone, include area code)			Emergency Contact Phone
Email Address			

Training Desired: ☐ Clinical Medical Assistant and Phlebotomy ☐ Pharmacy Technician
☐ Nurse Aide ☐ Medical Coding

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*
*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

Have you ever pled guilty 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 Brockway Center for Arts & Technology?

☐ Yes*

☐ No

If yes, when? _____

What program? _____ Did you graduate? _____

☐ Yes

☐ No

Date graduated _____

HIGH SCHOOL

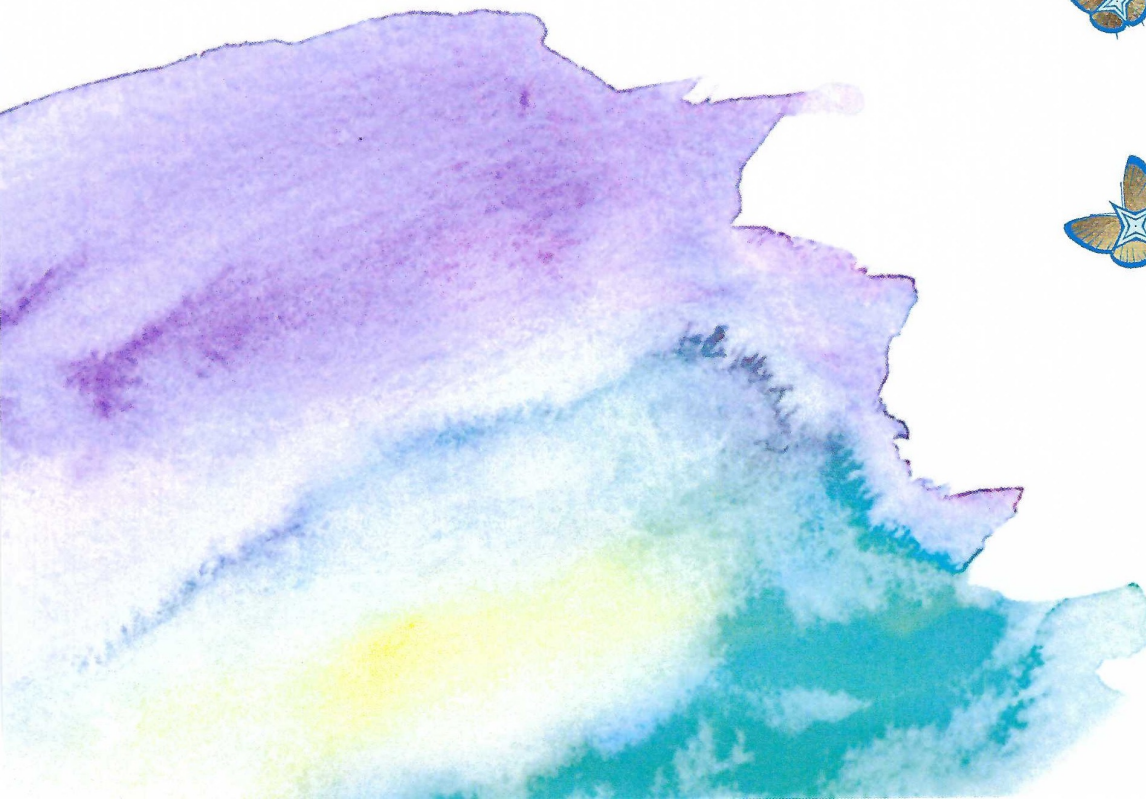
High School	Street Address		
School Address	City	State	Zip
Dates attended: From	To	Course or Field of Study	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
GED Score	Date Passed		

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

From _____ to _____

Please explain gaps in employment _____

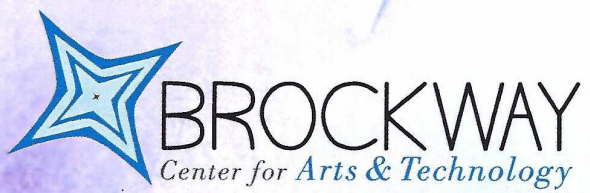
From _____ to _____

Please explain gaps in employment _____

PLEASE READ AND SIGN

My signature below indicates that I have read, understood, made correct, 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 revocation of completion certificate.

Applicant Signature _____ Date _____



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