



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

| BROCKWAY CENTER FOR ARTS & TECHNOLOGY  
 | AT TITUSVILLE  
 | THE HUB | 504 E. MAIN STREET  
 | TITUSVILLE, PA 16354 | PHONE: 814.827.4445

| WWW.BROCKWAYCATART.ORG



## APPLICATION FOR TRAINING

Last or Married Name	First Name	Middle Initial	Maiden Name
Mailing Address (Street)	City	State	Zip Code
Phone Number (including area code)		Alternative Phone Number (including area code)	
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

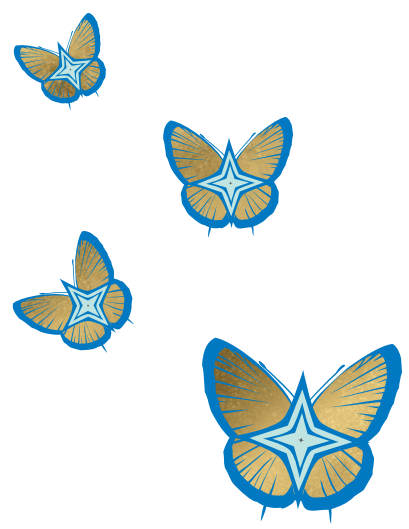
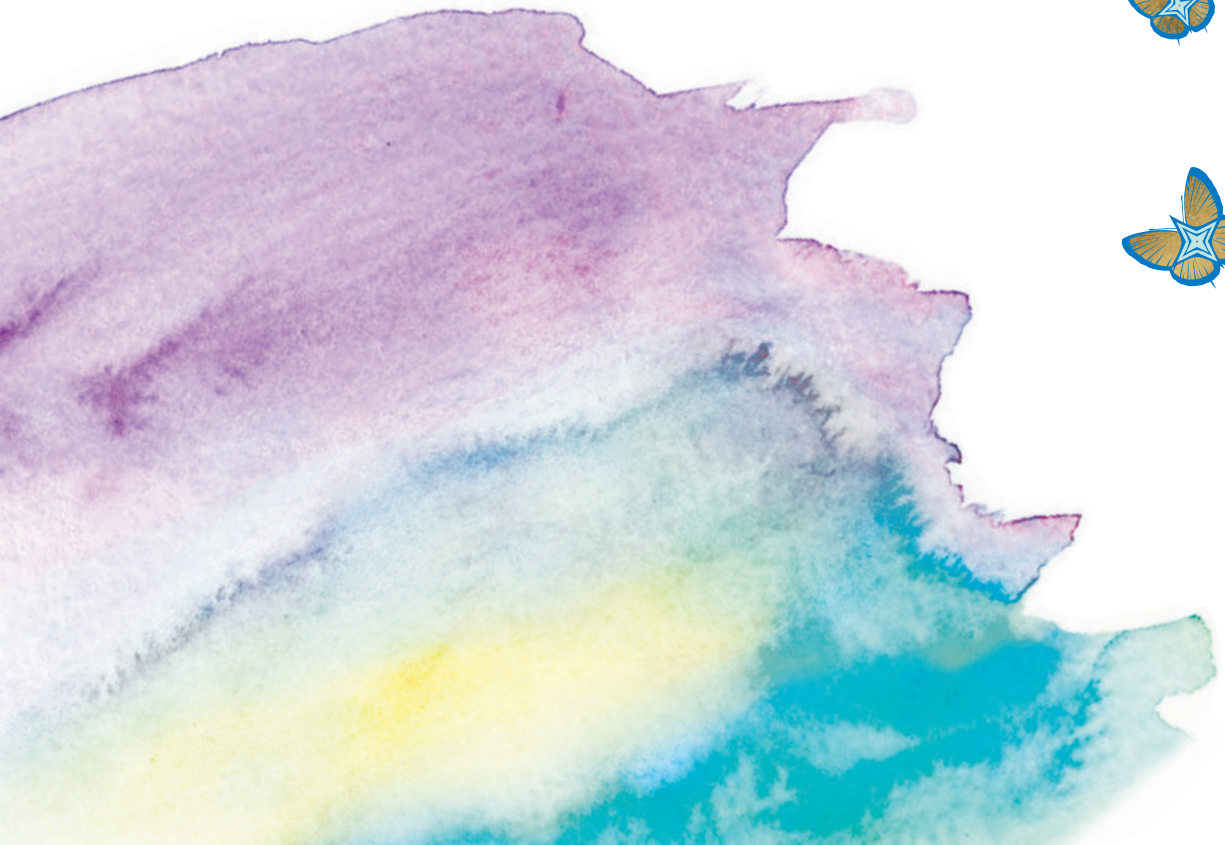
High School	Street Address		
School Address	City	State	Zip
Dates attended: From	To	Course or Field of Study	
Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
GED Score _____	Date Passed _____		

## 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				
_____				
_____				

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

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 \_\_\_\_\_