



TRUCK DRIVING PROGRAM APPLICATION

(FOR OFFICE USE ONLY)
DATE RCVD.
Application Fee

NOTE: A \$50 APPLICATION FEE MUST ACCOMPANY COMPLETED APPLICATION

Name Legal Last Name Legal First Name Legal Middle Name (Maiden or Alias Names) Social Security No.

Address Street City State Zip code

Home Phone Work Phone Cell Phone

School District of Residence

Demographic Information is used for statistical purposes only and are not used to determine admission.

Birth date Gender: Male Female

Ethnicity: Black (Non-Hispanic) Hispanic American Indian/Alaskan Native Asian or Pacific Islander White (Non-Hispanic)

Are you a Citizen of USA? Yes No

If NO: You must submit a copy of your I-94 or green card prior to enrollment.

What is the country of your citizenship? Visa or Resident Status:

Is English your native (first) Language? Yes No

PROGRAM INFORMATION

For which vocational Program are you applying?

EDUCATIONAL INFORMATION

High School Name/Location

Area of specialization Grade Completed Approximate Date

Do you have a High School Diploma? Yes No GED Certificate? Yes No Date received

PLEASE FORWARD THE ATTACHED REQUEST FOR TRANSCRIPT FORM TO YOUR HIGH SCHOOL or A COPY OF YOUR GED RESULTS TO US.

COLLEGE/TRADE/BUSINESS SCHOOL(S)

Name/Location

Area of Study Diploma/Degree or Years completed Date received

CURRENT EMPLOYMENT INFORMATION

Present Employer Phone

Address

Supervisors Name Employment dates: From To

Job Title Responsibilities

PREVIOUS EMPLOYMENT (please list most recent first)

Position	Company Name/Address	Date of Employment
_____	_____	From: _____ to _____
_____	_____	From: _____ to _____

MILITARY INFORMATION

Branch of Service _____ Rank _____

Area of Specialization _____ Dates of Service _____

If the course you are interested in is veteran approved, would you be eligible for education benefits? _____ Yes _____ No

GENERAL INFORMATION

Have you ever been convicted of, or plead guilty/no contest, to a misdemeanor or felony? _____ Yes _____ No

The following information is requested by the PA Department of Education and is optional.

Reason for Taking Course

- ___ Learn new trade/occupation
- ___ Upgrade self in present occupation
- ___ Refresh skill for employment
- ___ Complete Apprenticeship Program

Employment Status

- ___ Employment full time
- ___ Employment part time
- ___ Unemployed
- ___ Retired

Special Populations

- ___ Economically Disadvantaged
- ___ Educationally Disadvantaged
- ___ Limited English
- ___ Disabled

Special Populations

- ___ Single Parent
- ___ Displaced Homemaker
- ___ Non-traditional training

How did you hear about the Lancaster County Career & Technology Programs?

___ Radio ___ T.V. ___ Newspaper ___ Magazine ___ Brochure ___ Student ___ Website ___ Other

___ Social Service Agency (please specify) _____

NOTE: A \$50 APPLICATION FEE MUST ACCOMPANY COMPLETED APPLICATION TO THE LOCATION YOU ARE PLANNING TO ATTEND.

I certify that the information I have provided is true and correct. I hereby understand that any misrepresentation of information I have provided in this application may result in denial of admission or enrollment into the program or dismissal from the program. I also understand that if I am dismissed from the program for providing false information, I am responsible for any balance owed to the school at the time of dismissal.

_____	_____
Applicant's Signature	Date

FOR OFFICE USE ONLY:	INTERVIEW DATE _____ / _____ / _____	STATUS _____
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Statement of Nondiscrimination

Lancaster County Career & Technology Center is an equal opportunity education institution and will not discriminate in employment, education programs, or activities on the basis of race, color, religion, ancestry, national origin, sex, sexual orientation, age or disability. This policy of nondiscrimination extends to all other legally protected classifications under state and federal laws.

For information regarding the Americans with Disabilities Act (ADA), the rights of an individual with a disability, our obligations under ADA, or grievance procedures, contact the Business Manager and ADA Coordinator, 1730 Hans Herr Drive, PO Box 527, Willow Street, PA 17584-0527. Telephone: 717-464-7050.

For inquiries regarding other nondiscriminatory policies and programs, or for information regarding services, activities, programs and facilities that are accessible to and usable by both disabled persons and national origin minority persons who lack English language skills, contact the Supervisor of Pupil Services and Coordinator for Title VI, Title IX and Section 504, 432 Old Market Street, PO Box 537, Mount Joy, PA 17552-0537. Telephone: 717-653-3000.