CES MINNESOTA, LLC

Application for Training

Program or Programs Requested	Start Date	Alternate Date

NOTE: Print clearly and complete every section. Incomplete applications will not be processed.

SECTION 1: Personal Data

Legal Last Name **First Name** **Middle Name** **Date of Birth**

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

SSN (*required)*: _____ **Email:** _____

Home phone #: _____ **Cellphone #:** _____

Driver's License/ State ID #: _____ **Issuing State:** _____ **Expiration Date:** _____

Driver's Permit ID#: _____ **Issuing State:** _____ **Expiration Date:** _____

Race: □ Alaskan Native □ American Indian □ African American □ Asian Pacific Islander
□ Caucasian □ Hawaiian □ Hispanic □ Other _____

Emergency Contact Information

Name: _____ **Cellphone #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

SECTION 2: Housing Information

I will be Housing at (*please check the box*)

□ Home □ Hotel

□ In need of Housing □ Family/ Friends

Housing Address: _____

_____

SECTION 3: Employment Status/ Experience

I am: (*please check the box*)

□ Employed □ Full time □ Seasonal

□ Unemployed □ Part time □ On call

Current Employer: _____ Contact #: _____

Last Employer: _____ Contact #: _____ Length of Employment: _____

I am: (*please check the box*)

□ Collecting unemployment benefits □ Eligible to collect unemployment benefits

I am: (*please check the box*)

□ A veteran □ Out Processing □ Active Duty **Branch of Service:** _____

SECTION 4: Employment Goals

Please indicate:

Employers I am Interested in	Positions I am interested in
1.	1.
2.	2.
3.	3.

Please describe what job or jobs you would like to be employed in after completing this training:

□ Not Applicable if Employed

_____

_____

SECTION 5: Funding Information

Please indicate how you intend to pay for your training (tuition, fees, books, tools, supplies, room and board). It is highly recommended that you apply for grants and scholarships to help fund your training. Please mark which agencies you intend to apply with:

□ Personal Funds □ ND Job Services □ MET Inc. □ Scholarships □ VA Funding (4 weeks PTD only)

□ RMCEP □ Other WIOA Grants

□ If funded by employer, please provide:
Company: _____ Name of Employer: _____

Contact Information: _____ Address: _____

Please complete the area below IF you already know which agencies will be assisting you financially:

Agency name: _____ Address: _____
Contact Person: _____ Phone number: _____

SECTION 6: Educational Background

High School
Name of School: _____
City/ State: _____
Month and Year Graduated: _____

GED
State Issued: _____
Year: _____

Post-Secondary Attendance
Have you ever attended any prior post-secondary academic or vocational institution?

□ NO
□ YES If yes, please list:

Name _____ Dates Attended _____

SECTION 7: Health Questionnaire

NOTE: Please indicate if you have any of the following medical conditions:

□ Vision Impairments	□ Epilepsy	□ Eye Loss
□ Color Blindness	□ Diabetes	□ Back or Knee Injuries
□ Limb Loss	□ High blood Pressure	
□ Heart Problems	□ Difficulty in Hearing	

I understand that I may be required to lift to 50 pounds. Training may require constant bending, twisting, stooping, lifting, climbing of stairs or hills, and sitting or standing for extended periods of time, in all types of weather.

_____

SIGNATURE

(to be signed on the first day of class)

SECTION 8: Personal Plans

Please describe your personal plans upon training completion.

☑ Not Applicable if Employed

_____

_____

_____

SECTION 9: Statement of Correctness, Understanding, Authorization and Privacy Act Waiver

Note: *If you read and understand, please initial on the space provided.*

_____ I have read and understood all CES Admission ND Training Policies.
(viewable at https://commercialeducationandsafety.com/).

_____ I understand that my program may require a drug screen and physical exam. I understand that these are mandatory to participate in that program.

_____ I understand and consent that if enrolled; I will be placed in a random drug testing database and could be called at any time for a retest.

_____ I understand that if I fail a drug test, at any time, I will be released from training.

_____ I understand that there are physical demands of working in vocational training. I have suitable outdoor work gear such as work boots, warm jackets, pants coat, hat, etc.

_____ I understand Commercial Education and Safety, LLC courses that are less than 80 hours and testing fees are non-refundable. For courses 80 hours or longer, the student enrollment contract (refund policy) applies.

_____ I hereby attest that all information I have provided to Commercial Education and Safety, LLC is true, correct, and complete.

NAME and SIGNATURE
(to be signed on the first day of class)

DATE

Email or mail the completed application and all required paperwork to:
Commercial Education and Safety Minnesota, LLC
Attn: Admissions
2400 Trott Ave SW, Willmar MN

If you have any questions, please email: admin@cestraining.us
Or call: 701 260 7057