

# Claims Professional Training Program Application



www.tpas.llc/cpt-program  
info@tpas.llc

## Personal Information

Full Name:  Date of Birth:

Address:

Email:  Phone:

## Program Eligibility *Please check all that apply:*

- I'm disabled
- I'm a dislocated worker
- I'm currently unemployed
- I'm currently receiving unemployment benefits
- I have received unemployment benefits within the last 5 years

## Educational Background

Diploma/GED	Institution	Year of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree	Institution	Year of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Job History

Company Name	Job Title	Responsibilities	Work Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Soft Skills *Please check all that apply:*

- Microsoft Word     Windows OS
- Microsoft Excel     Mac OS
- Outlook Email

## Attachments: *(Optional)*

- Resume/CV Attachment

## Declaration:

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from program acceptance.

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Applicant Signature