

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: _____ 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
- In need of Housing
- Hotel
- Family/ Friends

Housing Address: _____

SECTION 3: Employment Status/ Experience

I am: *(please check the box)*

- Employed
- Unemployed
- Full time
- Part time
- Seasonal
- 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 Career Solutions MET Inc. SW MN Private Industry Council VA Funding
- RMCEP Central MN Jobs and Training Services Other WIOA Grants CAIRO

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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Eye Loss |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back or Knee Injuries |
| <input type="checkbox"/> Limb Loss | <input type="checkbox"/> High blood Pressure | |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> 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

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 CES Enrollment and Training Policies.
(Viewable at <https://cesminnesota.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 hereby attest that all information I have provided to CES Minnesota, LLC is true, correct, and complete.

NAME and SIGNATURE

DATE

Email or mail the completed application and all required paperwork to:
CES 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