

STUDENT APPLICATION

Applicant Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email Address _____

Social Security Number _____ Date of Birth _____

Gender: Male Female Race/Ethnicity _____

Do you have the right to work in the United States of America? Yes No

Are you a Veteran? Yes No

Have you been previously employed by BCI? Yes No

If yes, please explain when you worked for us _____

Date of Application _____

Guardianship

Do you have a guardian? Yes No

Name of Guardian _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Education

High School _____ Year Graduated _____ Diploma GED

Criminal History

Have you ever been convicted of or pled guilty or pled "no contest" to any criminal offense other than a routine traffic violation? Yes No If yes, please explain _____

Have you ever been convicted of or pled guilty or pled "no contest" to a sex-related or child-abuse related offense? Yes No If yes, please explain _____

Are you presently charged or indicted with any violation of the law as listed above? Yes No

If yes, please explain _____

Having a criminal record does not necessarily disqualify you from attending the BCI Skills Center. All Skills Center applicants are subject to a criminal background screening prior to enrollment to protect both our students' valuable time and the community employers we partner with who may not hire people under certain legal circumstances.

Accommodations

Method of Communication _____ Mobility _____

Vision _____ Hearing _____ Sensory _____

List any requested assistance _____

Other

Do you receive funding from DDRB or Regional Center? Yes No

Are you interested in speaking with our Benefits Counselor to learn more about how working full-time will impact your Social Security and/or Medicaid? Yes No

Do you have an ABLÉ account? Yes No

Tell us how you plan to get to work and to class at the Skills Center _____

How did you hear about us? Skills Center Website Social Media Other _____

Vocational Program

Which program are you applying for? Manufacturing Housekeeping Information Technology

Signatures

I hereby declare that the provided information in this application is true. I also hereby consent to Skills Center staff contacting me through the contact information provided in this application.

Signature of Applicant _____ Date _____

Signature of Guardian _____ Date _____

If you helped complete this application on someone's behalf, please state your name here _____