

College Use Only

Date

Reg ID

SECTION A: PARTICIPANT INFORMATION

M F
 Gender

Last _____ First _____ M.I. _____ Date of Birth _____
 Street Address _____ City _____ Zip Code _____ Phone _____ () _____

Yes No Veteran Yes No Disabled Yes No Current student? If yes, school/college enrolled _____

SSN (optional) _____ Email _____ Primary Language _____

SECTION B: PROGRAM OF INTEREST

College of Sequoias <input type="checkbox"/> Certified Production Technician	Merced College <input type="checkbox"/> Water Treatment Operations <input type="checkbox"/> Electrical Industrial Maintenance	Modesto Junior College <input type="checkbox"/> Logistics Technician <input type="checkbox"/> Irrigation Technician
Fresno City College <input type="checkbox"/> Forklift/Warehouse Technician	Reedley College <input type="checkbox"/> Irrigation Evaluation & Maintenance Tech <input type="checkbox"/> Food Safety Technician	West Hills Coalinga <input type="checkbox"/> CA Agriculture Irrigation Specialist <input type="checkbox"/> Qualified Applicators License

SECTION C: PARTICIPANT EDUCATION LEVEL

<input type="checkbox"/> No High School	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Two-Year College Graduate
<input type="checkbox"/> Enrolled in Adult School	<input type="checkbox"/> Certificate of Proficiency	<input type="checkbox"/> AA/AS	<input type="checkbox"/> Four-Year College Graduate

SECTION D: OCCUPATION

Employed Unemployed Seasonal

Current Employer _____ \$ _____/hour Current Wage
 How long have you been unemployed? _____ month(s) _____ week(s)

List your last employer _____ \$ _____/hour Last Wage

Are you seeking training in an area related to your recent occupation? Yes No

SECTION E: ETHNICITY (check only one)

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> African-American/Black	<input type="checkbox"/> Latino/Spanish
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____

SECTION F: EMERGENCY CONTACT INFORMATION

Name _____ Address _____ () _____ Work/Day Phone _____ Relationship _____

PARTICIPANT SELF CERTIFICATION

I, _____, certify that I live in a county that has been affected by the 2014 California drought, and this has negatively affected my ability to maintain a sustainable household income.

Address _____ City _____ Zip Code _____ County of Residence _____
 Signature _____ Date _____

It is the policy of this program that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact college administration or student services on campus.