



In order to enroll in the program, we will need to have **COPIES** of the following documentation that applies to you. Enrollment will be done here at the NCCT office.

- Completed Applications and Forms
- Social Security Card
- Valid California ID or Drivers License
- Current DMV Printout
- High School Diploma and/or GED Certificate (If one has been acquired)  
*Please Note:* GED Certification is available through our program.
- Alien Registration Card
- Selective Services Card (for those 18 to 24 yrs.)

# Student Enrollment Application

Northern California Construction Training, Inc.  
8516 Fruitridge Road, Suite O  
P. O. Box 293585  
Sacramento, CA 95829-3585  
(916) 387-1564 \* Fax (916) 387-1581  
(NCCT Form# 001-2/04)

## Construction Programs

(916) 387-1564

- ☐ Building Maintenance  
☐ Construction & Mgmt Tech  
☒ Const & Remodeling  
☐ Prop Maintenance & Mgmt  
☐ Hazardous Materials Handling

Date of Enrollment

Program ID

Year: \_\_\_\_\_

**The submission of this application does not constitute enrollment**

|                                   |                                |   |                        |               |                  |
|-----------------------------------|--------------------------------|---|------------------------|---------------|------------------|
| Student Last Name                 | First Name                     | MI  | Gender                 | Date of Birth | Country of Birth |
| Address                           |                                |   | City                   | State         | Zip              |
| County of Residence               |                                |   |                        |               |                  |
| Legal Alias(s)                    | (Adopted/Maiden/Married/Other) | E-mail address                            | Social Security Number |               |                  |
| Home Telephone (Area Code) Number |                                | Emergency Contact Name & Telephone Number |                        |               |                  |

## Adult Student/Parent/Guardian Information

**(Circle One) Mother / Guardian / Adult Student / Spouse    Father / Guardian / Spouse / Dependents**

Name (Last, First) \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Residential Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

(if different)

## Student Tuition Recovery Fund (STRF)

**You must pay the state-imposed fee for the STRF if all of the following applies to you:**

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

**You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies:**

1. You are not a California resident.
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

## Ethnicity 1 (check One)

**\*Note: If selecting Asian or Pacific Islander, please see \* below**

☐ African American    ☐ American Indian or Alaskan Native    ☐ Asian    ☐ Filipino  
☐ Hispanic/Latino    ☐ \*Pacific Islander    ☐ White    ☐ Other    ☐ Decline to State

## Ethnicity 2 (check all others you identify with)

☐ African American    ☐ American Indian or Alaskan Native    ☐ \*Asian    ☐ Filipino  
☐ Hispanic/Latino    ☐ \*Pacific Islander    ☐ White    ☐ Other

**\*If you selected Asian or Pacific Islander as your ethnicity, please indicate each specific group:**

☐ Chinese    ☐ Japanese    ☐ Korean    ☐ Vietnamese    ☐ Asian Indian    ☐ Laotian    ☐ Cambodian  
☐ Hawaiian    ☐ Guamanian    ☐ Samoan    ☐ Tahitian    ☐ Other Pacific Islander    ☐ Other Asian

### Language Survey

What Language did you first learn to speak \_\_\_\_\_

Which language do you most frequently use at home \_\_\_\_\_

Which language do you most frequently speak to your child \_\_\_\_\_

Which language is spoken most often to you \_\_\_\_\_

### Overall Household Income (please choose one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Less than \$7,000   | <input type="checkbox"/> \$34,001 - \$39,000  | <input type="checkbox"/> Greater than \$100,000    |
| <input type="checkbox"/> \$7,001 - \$12,000  | <input type="checkbox"/> \$39,001 - \$50,000  | <input type="checkbox"/> Decline to State          |
| <input type="checkbox"/> \$12,001 - \$28,000 | <input type="checkbox"/> \$50,001 - \$75,000  |  |
| <input type="checkbox"/> \$28,001 - \$34,000 | <input type="checkbox"/> \$75,001 - \$100,000 | <input type="checkbox"/> Total Number in Household |

### Mark the response that describes your highest educational level

- ☐ Not a High School Graduate    ☐ GED    ☐ High School Graduate    ☐ Some College (includes AA Degree)  
☐ College Graduate    ☐ Graduate School/Post Graduate Training    ☐ Decline to State or Unknown

### IMPORTANT INFORMATION:

- |   |              |    |
|---|--------------|----|
|   | (circle one) |    |
| 1. Are you a veteran of the US Military? (ages 18-26)   | Yes          | No |
| 2. Are you registered for Selective Service? If so, number _____  | Yes          | No |
| 3. Do you have any disability that limits your major life or other activities, or is a barrier to obtaining employment? (i.e. Physical or mental health problems) | Yes          | No |
| 4. Are you a current or former Foster Youth?  | Yes          | No |
| 5. Are you working with the CalWORKs, Workers Comp or SDI Programs?   | Yes          | No |
| 6. Are you receiving Cash Public Assistance? (SSI,SSA,GA,TANF,RCA,FoodStamps)   | Yes          | No |
| 7. Were you terminated or laid off from a permanent job?  | Yes          | No |
| 8. Do you have a language or cultural barrier that limits your ability to get a job?  | Yes          | No |
| 9. Are you, or have you been, a migrant or seasonal farm worker within the past 2 years?  | Yes          | No |
| 10. Are you a refugee/asylee? If so, Alien Registration # _____   | Yes          | No |
| 11. Are you a US Citizen or do you have the legal right to work in the U.S.?  | Yes          | No |
| 12. Are you an ex-offender?   | Yes          | No |
| 13. Do you have any outstanding warrants or Failure to Appear traffic issues  | Yes          | No |
| 14. Do you have a current Calif. Driver's License? If so, number _____  | Yes          | No |
| 15. Do you have reliable transportation?  | Yes          | No |

### Housing Situation - What is your housing situation? (circle one)

- |                   |                           |             |
|-------------------|---------------------------|-------------|
| 1. Own            | 3. Housing Choice Voucher | 5. Rent     |
| 2. Public Housing | 4. Living With Others     | 6. Homeless |

### Referral Type - You were referred to this program by: (circle one)

- |              |                   |                      |
|--------------|-------------------|----------------------|
| 1. WIA       | 5. High School    | 9. EDD               |
| 2. GAIN      | 6. PIC            | 10. ROP              |
| 3. Job Corps | 7. Human Services | 11. Private Employer |
| 4. SETA      | 8. EEOC           | 12. Other _____      |

All educational costs are paid by a third party organization; therefore, students are not entitled to refund protection under STRF. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities.

Student Signature \_\_\_\_\_

NCCT Representative \_\_\_\_\_



Sacramento County  
**ROP**  
Career Technical Education

## ROP ENROLLMENT APPLICATION

(ADULTS ONLY)

All information is kept confidential

Class will be taught in: ☐ Summer ☐ Fall ☐ Spring ☒ Year-Round Year: 15/16

**ROP COURSE INFORMATION**  
Construction + management Technology AE-2375  
 Official Course Title (from ROP schedule) Section Code #  
NCCT Staff 8516 Fruitridge Rd #0 7:00AM  
 Teacher Class Location Start Date Start Time  
Sacramento CA  
95826

**STUDENT INFORMATION**

Last Name First Name Middle Initial Date of Birth  
 Street Address City Zip Home Phone  
☐ Single ☐ Married  
 Social Security # Gender Marital Status # of children living in home

**You MUST fill in the requested information or check one box in each section.**

**Education**  
☐ G.E.D. ☐ Associates Degree  
☐ High School Diploma ☐ 4-year College Degree

**Disability**  
☐ Hearing Impaired ☐ Orthopedically Impaired  
☐ Vision Impaired ☐ Other ☐ None

**Check ALL of the items that apply to you (all information is confidential)**  
☐ Limited English ☐ Migrant ☐ Out of school youth ☐ Foster Youth  
☐ Displaced Homemaker ☐ Dislocated Worker ☐ Need basic reading and math skills ☐ None Apply

**Please mark the ETHNICITY with which you most closely identify:**  
☐ Hispanic /Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish Culture or Origin)  
☐ Not Hispanic or Latino

**The above question is about ETHNICITY, not race. No matter what you selected above, check up to five races that best describe you:**  
☐ Caucasian or White ☐ African American or Black ☐ Asian ☐ Asian Indian  
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan Native ☐ Other \_\_\_\_\_  
 Primary Language at home: \_\_\_\_\_

**Check one of the following which best describes your situation**  
☐ SSI ☐ CalWORKS ☐ Unemployment Insurance (or recently used up UI benefits) ☐ Other Public Assistance  
☐ SSDI ☐ GA ☐ Household is eligible for free/reduced-price school lunch ☐ None of these apply  
 Household income (per month) \$ \_\_\_\_\_

**EMERGENCY INFORMATION:** \_\_\_\_\_  
 Contact Name Relationship Emergency Phone

I understand that high school students have priority over adults in ROP classes. Adults are accepted on a first-come, first-served basis if there is room in the class as determined by the district. I further understand that some classes charge materials and other fees which vary widely.

\_\_\_\_\_  
 Student Signature (required)

How did you hear about ROP? \_\_\_\_\_

Sacramento County ROP Career Center • P.O. Box 269003 • Sacramento, CA 95826-9003 • (916) 228-2721  
 Training opportunities open to all regardless of race, color, ancestry, religion, age, gender or disability.  
 If you feel you have been discriminated against, call the Title IX Coordinator at (916) 228-2550.

DISTRIBUTE ONE COPY EACH TO: ROP Attendance, Teacher, School District, Student (Rev. 6/09)





**Northern California Construction Training, Inc.  
Barriers to Full-Time Employment**

**Student's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Do you have a diploma or GED?** Yes No

**If no, please explain** \_\_\_\_\_

**Do you have a valid Calif. DL?** Yes No

**If no, please explain** \_\_\_\_\_

**Limited English Proficiency** Yes No

**Reading and/or Math Skills below 7<sup>th</sup> Grade** Yes No

**Legally Challenged** Yes No

**If yes, please explain** \_\_\_\_\_

**Alcohol/Drug Dependency** Yes No

**Any other barriers/issues** \_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT TRAINING PANEL TRAINEE RECORD (ETP 104)

## Enrollment Data Collection Form

Agreement Number

Please complete  
all items with  
an \*

1) California Employer  
Account Number

(training agency/consortia retrainees only)

2) Social Security Number

3) Employee ID (optional)

4) Last Name

5) First Name

6) Middle Initial

7) Date Hired

8) Job Number

9) Workplace Address

10) Site Number

(optional)

11) Zip Code

12) Age Group

(please check one)

☐ Less Than 25

☐ 25 - 34

☐ 35 - 44

☐ 45 - 54

☐ 55 - 64

☐ 65 and Older

13) Ethnicity

(please check one)

☐ White - 1

☐ Black - 2

☐ Hispanic - 3

☐ Native American - 4

☐ Asian - 5

☐ Pacific Islander - 6

☐ Filipino - 7

☐ Other - 8

14) Education

(please check one)

☐ Eighth Grade or Less - 1

☐ Some High School - 2

☐ High School Graduate - 3

☐ GED - 4

☐ Some College - 5

☐ College Graduate - 6

☐ Post-College Graduate - 7

15) Sex

☐ Male - M

☐ Female - F

16) Veteran (optional)

☐ Yes - Y

☐ No - N

17) Disabled (optional)

☐ Yes - Y

☐ No - N



### Medical History Questionnaire

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ M or F

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are you currently suffering from a cold or congestion? ..... Yes No  
Are you a diabetic? ..... Yes No  
Do you have a history of respiratory problems or disease? ..... Yes No  
Do you have a history of heart disease?..... Yes No  
Do you have a history of sinus problems?..... Yes No  
Do you currently have an ear infection?..... Yes No  
Do you have asthma, emphysema, or tuberculosis? ..... Yes No  
Do you currently or have you ever smoked cigarettes? ..... Yes No  
Have you ever had surgery? ..... Yes No  
Do you have a history of seizures, dizziness, or fainting?..... Yes No  
Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?..... Yes No  
Are you pregnant?..... Yes No  
Are you under the influence of drugs or alcohol?..... Yes No

If you answered yes to any of these questions, please specify \_\_\_\_\_

Are you currently being treated for any type of health problem? ..... Yes No  
If yes, please specify condition, treatment program and prescribed medications:

Are there any other medical or physical conditions not listed above that NCCT should be aware of? Please specify. \_\_\_\_\_

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_



NCCT Instructors will develop a rotation schedule, which will attempt to give each student an equal opportunity to work in the shop area. Students are required to satisfactorily complete classroom instruction prior to being assigned to the work in the shop area. All policies regarding safety and dress must be complied with prior to training site assignment.

I have read the preceding work ethic document. I understand the rules and regulations presented in this document, along with the consequences of any violations of the standards. My signature verifies my agreement to abide by the standards.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL TRAINING AGREEMENT  
FOR  
NCCT PRE-APPRENTICESHIP PROGRAM**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

The above student agrees to the following conditions that he/she may return to the program as of the above date. Students are expected to be on time, prepared for work and instruction. Students are expected to call on any day of absence. Specifically, the student above agrees to the following:

1. I agree to be on time, prepared for work and instruction for the duration of the program.
2. I agree to notify the instructor by 7:00 AM if I am going to be late, or absent.
3. I agree to provide documentation if I am late or absent from the date above.
4. I understand my attendance and lateness for work may result in termination from the program.

9.

5. I understand that excessive absences may result in termination from the program.
6. I understand that planned absences must be reported to and approved by the instructor prior to the date of absence.

The definition of an excused absence is any absence due to:

Illness, Doctor/Dentist appointment, Bereavement/Funerals, Jury Duty, Court Appearance, or Probation Officer appointment w/documentation.

The purpose of this document is to enforce what is expected of the student in aspects related to attendance. My signature on this document indicates that I understand and will comply with the above requirements. In the case of violations of the above agreements, termination of the program will occur.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

CC: Student File