



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 Driver's 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

1290 Carrie Street  
West Sacramento, CA 95605  
Phone (916) 372-7422 Fax (916) 372-7416

Construction Programs  
(916) 372-7422

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

Date of Enrollment  
\_\_\_\_\_

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)

___ Less than \$7,000	___ \$34,001 - \$39,000	___ Greater than \$100,000
___ \$7,001 - \$12,000	___ \$39,001 - \$50,000	___ Decline to State
___ \$12,001 - \$28,000	___ \$50,001 - \$75,000	
___ \$28,001 - \$34,000	___ \$75,001 - \$100,000	___ 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? (.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, Food Stamps)	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
13. Do you have a current Calif. Driver's License? If so, number _____	Yes	No
14. 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-2373

Official Course Title (from ROP schedule)

Section Code #

NCCT Staff 1290 Carrie Street West Sacramento, CA 95605

7:00 am

Teacher Class Location

Start Date Start Time

### STUDENT INFORMATION

Last Name First Name Middle Initial Date of Birth

Street Address City Zip Home Phone

Social Security # Gender ☐ Single ☐ Married 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

Students 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)





## Student Acknowledgement

With my signature below, I acknowledge receipt and agreement with the following:

1. NCCT Academic Enhancement Policy
2. NCCT Construction Technology Work Ethic Agreement

I agree that I will comply with all program requirements to the best of my ability.

Further, I have been informed that drug screening is an industry standard and that as a student I will be tested during this program. I agree to this industry standard and agree to fully participate in all program assignments related to this standard.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
(Please PRINT your name clearly)

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**Social Security No.** \_\_\_\_\_

<b>Do you have a diploma or GED?</b>	<b>Diploma</b>	<b>GED</b>
If no, please explain_____		

<b>Would you like to gain your GED through NCCT?</b>	<b>Yes</b>	<b>No</b>
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<b>Do you have a valid CDL?</b>	<b>Yes</b>	<b>No</b>
If no, please explain_____		

Limited English proficiency	<b>Yes</b>	<b>No</b>
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Reading and/or Math Skills below 7 <sup>th</sup> Grade	<b>Yes</b>	<b>No</b>
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<b>Legally Challenged</b>	<b>Yes</b>	<b>No</b>
If yes, please explain_____		

<b>Alcohol/Drug Dependency</b>	<b>Yes</b>	<b>No</b>
If yes, please explain_____		

**Any other barriers/issues**

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# EMPLOYMENT TRAINING PANEL TRAINEE RECORD (ETP 104)

## Enrollment Data Collection Form

Agreement Number

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

Please complete all  
items with \*.  
Thank you



### 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 \_\_\_\_\_



## **TRAINING SITE**

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: \_\_\_\_\_

## **GENERAL**

1. NCCT is a designated "Smoke Free" work site. There will be no smoking in the classroom or project-training site. Any smoking will only be allowed at the discretion of the instructor.

**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.
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.
7. 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