



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

Northern California Construction Training, Inc.

1250 E. Gum Avenue

Woodland, CA 95776

(916) 372-7422 * Fax (916) 372-7416

(NCCT Form# 001-2/04)

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



ROP ENROLLMENT APPLICATION

(ADULTS ONLY)

All information is kept confidential

Class will be taught in:		<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input checked="" type="checkbox"/> Year-Round	Year: <u>15/16</u>
ROP COURSE INFORMATION						
<u>Construction & Management Technology</u>				<u>AE- 2373</u>		
Official Course Title (from ROP schedule)				Section Code #		
<u>NCCT Staff 1250 E. Gum Avenue Woodland, CA 95776</u>				<u>7:00am</u>		
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	Marital Status	# of children living in home		

You MUST fill in the requested information or check one box in each section					
Education <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associates Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> 4-year College Degree			Disability <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Other <input type="checkbox"/> None		
Check ALL of the items that apply to you (all information is confidential) <input type="checkbox"/> Limited English <input type="checkbox"/> Migrant <input type="checkbox"/> Out of school youth <input type="checkbox"/> Foster Youth <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Need basic reading and math skills <input type="checkbox"/> None Apply					
Please mark the ETHNICITY with which you most closely identify: <input type="checkbox"/> Hispanic /Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish Culture or Origin) <input type="checkbox"/> 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: <input type="checkbox"/> Caucasian or White <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other _____					
Primary Language at home: _____					
Check one of the following which best describes your situation <input type="checkbox"/> SSI <input type="checkbox"/> CalWORKS <input type="checkbox"/> Unemployment Insurance (or recently used up UI benefits) <input type="checkbox"/> Other Public Assistance <input type="checkbox"/> SSDI <input type="checkbox"/> GA <input type="checkbox"/> Household is eligible for free/reduced-price school lunch <input type="checkbox"/> 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

Student's 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. _____

Do you have a diploma or GED?	Diploma	GED
If no, please Explain: _____		

Would you like to receive your GED through NCCT?	Yes	No
---	------------	-----------

Do you have a valid CDL?	Yes	No
If no, please Explain: _____		

Limited English proficiency	Yes	No
------------------------------------	------------	-----------

Reading and/or Math Skills below 7th Grade	Yes	No
--	------------	-----------

Legally Challenged	Yes	No
---------------------------	------------	-----------

If yes, please
Explain: _____

Alcohol/Drug Dependency	Yes	No
--------------------------------	------------	-----------

Any other barriers/issues	Yes	No
----------------------------------	------------	-----------

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