

Commercial Education and Safety, LLC North Dakota Application for Training

Program or Programs Requested: _____ _____	Start Date: _____ _____	Alternate Date: _____ _____
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Important: Print clearly and complete every section. Incomplete applications will not be processed.

Section 1: Personal Data

Legal Last Name: _____ **First Name:** _____ **Middle Name:** _____

Mailing Address: _____ **Date of Birth:** _____
SSN (required): _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Home Phone# _____ **Cell Phone#** _____

Driver's License/State ID# _____ **Issuing State** _____ **Expiration Date:** _____

Driver's Permit ID# _____ **Issuing State** _____ **Expiration Date:** _____

Race: Alaskan Native American Indian African American Asian Pacific Islander
 Caucasian Hawaiian Hispanic Other _____

Emergency Contact Information: **Name:** _____

Home Phone# _____ **Work Phone#** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Commercial Education and Safety (CES) Application for Training

Last Name: _____ First Name: _____

Section 2: Housing Information

I will be Housing at:

- Home
- Family/Friends
- Hotel
- In need of housing

Housing Address:

Section 3: Employment Status/Experience

I am:

Currently or Previously:

Current Employer: _____

- Employed Full time Seasonal
- Unemployed Part time On-Call

Last Employer: _____

Employer Phone: _____

- I am: Collecting unemployment benefits
 Eligible to collect unemployment benefits

Length of Employment: _____

- I am: A Veteran Out Processing Active Duty **Branch of Service:** _____

Section 4: Employment Goals

Employers I am interested in:

Positions I am interested in:

Employer 1 _____

Position 1 _____

Employer 2 _____

Position 2 _____

Employer 3 _____

Position 3 _____

Please describe what job or jobs you would like to be employed in after completing this training:

- Not Applicable if Employed

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Section 5: Funding Information

Please indicate how you intend to pay for your training (tuition, fees, books, tools, supplies, room and board). It is highly recommended that you apply for grants and scholarships to help fund your training. Please mark which agencies you intend to apply with:

Personal Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Funded	<input type="checkbox"/> Yes <input type="checkbox"/> No
ND Job Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	_____
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Contact	_____
VA Funding (4 WK PTD Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Phone Number	_____

Please complete the area below IF you already know which agencies will be assisting you financially:

_____	_____
Agency Name and Address	Contact Person and Phone Number
_____	_____
Agency Name and Address	Contact Person and Phone Number

Section 6: Educational Background

High School

Name: _____	GED
City/State: _____	State Issued: _____
Month/Year graduated: _____	Year: _____

Post-Secondary Attendance

Have you ever attended any prior post-secondary academic or vocational institution?

- No
 Yes If Yes, please list:

Name	Dates Attended
_____	_____

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Section 7: Health Questionnaire

Please indicate if you have any of the following medical conditions:

- | | |
|--|--|
| <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Eye Loss | <input type="checkbox"/> Limb Loss |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Difficulty in hearing | <input type="checkbox"/> Back or knee injuries |

_____ **(Initial)** I understand that I may be required to lift up to 50 pounds. Training may require constant bending, twisting, stooping, lifting, climbing of stairs or hills, and sitting or standing for extended periods of time, in all types of weather.

Section 8: Personal Plans

Please describe your personal plans upon training completion.

- Not Applicable if Employed
-
-
-

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Section 9: Statement of Correctness, Understanding, Authorization and Privacy Act Waiver

_____ (Initial) I have read and understood all CES Admission and Training Policies. (viewable at www.commercialeducationandsafety.com).

_____ (Initial) I understand that my program may **require a drug screen** and **physical exam**. I understand that these are mandatory to participate in that program.

_____ (Initial) I **understand and consent** that if enrolled; I will be placed in a random drug testing database and could be called at any time for a retest.

_____ (Initial) I understand that if I fail a drug test, at any time, I will be released from training.

_____ (Initial) I understand that there are physical demands of working in vocational training. I have suitable outdoor work gear such as work boots, warm jacket, pants, coat, hat, etc.

_____ (Initial) I understand Commercial Education and Safety, LLC courses that are less than 100 hours and testing fees are non-refundable. For courses 100 hours or longer, the student enrollment contract (refund policy) applies.

_____ (Initial) I hereby attest that **all** the information I have provided to Commercial Education and Safety, LLC is **true**, correct, and complete.

Signature

Date

E-Mail, fax, or mail the completed application and all required paperwork to:

Commercial Education and Safety, LLC

Attn: Admissions

1674 W. 15th St., Suite 4, Dickinson, ND 58601

Fax: 701.425.0222

If you have any questions, please email: admin@commercialeducationandsafety.com