

Date ____/____/____



College of Instrument Technology

Name		General Background Info
		Class: TR <input type="checkbox"/> HED <input type="checkbox"/> Other <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Graduation Year: _____ High School/GED Name: _____ Location: _____ Medical History: Diabetes <input type="checkbox"/> Insulin-dependent <input type="checkbox"/> MS <input type="checkbox"/> Seizures <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Fainting <input type="checkbox"/> Other: _____ None <input type="checkbox"/>
Address		
City, State, Zip		Can You Pass: DOT Drug Test <input type="checkbox"/> Physical <input type="checkbox"/>
		Working: <input type="checkbox"/> No <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time Hours: _____ Laid Off: No <input type="checkbox"/> Lay Off Letter <input type="checkbox"/> Unemployment: <input type="checkbox"/> Applied <input type="checkbox"/> Collecting <input type="checkbox"/> Exhausted <input type="checkbox"/> N/A
E-mail		Military Information
		Are you a Veteran: No <input type="checkbox"/> Chapter 31 <input type="checkbox"/> Chapter 33 <input type="checkbox"/> DD214 <input type="checkbox"/> COE <input type="checkbox"/> Branch of service: Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Honorable Discharged <input type="checkbox"/> Dates of Service: _____
Cell Phone Number	Home Phone Number	DMV Record
		Drivers License A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> How long have you had it? _____ years Tickets: _____ Suspended <input type="checkbox"/> None <input type="checkbox"/> Accidents: _____ None <input type="checkbox"/> DUI's: How many _____ Dates: _____ None <input type="checkbox"/>
Most Recent Employer		
Type of Work	How did you hear about CIT?	Stick Shift <input type="checkbox"/> HAZ <input type="checkbox"/> TWIC <input type="checkbox"/> RSO <input type="checkbox"/>
		Felonies <input type="checkbox"/> : _____ Misdemeanors <input type="checkbox"/> : _____ Conviction Dates: _____ Prison Dates: _____
Funding Source/City	Post Ed. Goals?	Citizenship/Immigration
		Citizenship/Immigration Docs (Birth/Naturalization, Passport, etc) <input type="checkbox"/> Proof of CA Residency (utility bill, insur.docs, etc. with name/address) <input type="checkbox"/> Can you locate Social Security Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Worker/Phone Number	Job Leads?	Fact Sheet HED: _____ <input type="checkbox"/> Catalog
		EE Score: _____ / _____ Staff Initials: _____ Staff Initials: _____ Staff Initials: _____ Staff Initials: _____

LAST NAME

Additional Comments:
