



Lineman Training School
APPLICATION
PHASE 1



Kentucky Community & Technical College System

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

SOCIAL SECURITY NUMBER: _____ MALE FEMALE

CITIZENSHIP STATUS USA Naturalized Alien (Temporary) Alien (Permanent)

If not a US citizen: What is your country of origin? _____

BIRTHDAY: _____ (MM/DD/YYYY)

PREDOMINANT ETHNIC BACKGROUND** White/Caucasian Black/African American Hispanic
 American Indian Asian/Pacific Islander

**Optional information requested for reporting purposes and will not be used in an admission decision

E-MAIL ADDRESS (if you PREFER MESSAGES VIA EMAIL) _____

HOME PHONE NO. _____ WORK OR CELL PHONE NO. _____

MAILING ADDRESS _____

CITY, STATE, ZIP, COUNTY _____

HIGH SCHOOL ATTENDED _____
 (If you earned a GED enter GED for High School)

HIGH SCHOOL GRADUATION or GED COMPLETION DATE _____

RESIDENCY STATUS Kentucky Non-Kentucky

ARE YOU CURRENTLY EMPLOYED BY A UTILITY? Yes No IF YES, WHAT UTILITY _____

YEARS OF EXPERIENCE _____ LEVEL OF SERVICE (Apprentice, Journeyman, Serviceman, etc.) _____

WHAT EQUIPMENT DO YOU OPERATE IN YOUR CURRENT POSITION: _____

DO YOU CURRENTLY HAVE A CDL (A) LICENSE? Yes No

IF NO, DO YOU HAVE A LEGAL UNITED STATES DRIVER'S LICENSE? Yes No

DO YOU UNDERSTAND THE PHYSICAL REQUIREMENTS FOR THE CLASS? Yes No

YOU WILL BE REQUIRED DURING THE COURSE OF THIS CLASS TO PERFORM ACTIVITIES, SUCH AS CLIMBING, BENDING, SQUATTING, LIFTING, AND OTHER PHYSICAL ACTIVITIES. DO YOU HAVE ANY HEALTH CONDITIONS, IMPAIRMENTS, PHYSICAL CONDITIONS, OR TAKE ANY MEDICATIONS THAT COULD PREVENT YOU FROM PERFORMING SUCH TYPES OF PHYSICAL ACTIVITIES?

Yes No

IF YOU DO HAVE RESTRICTIONS, PLEASE EXPLAIN: _____

DO YOU HAVE A FEAR OF HEIGHTS? Yes No

PLEASE SELECT ONE: I _____ BEEN CONVICTED OF A FELONY IN THE PAST TEN (10) YEARS.

I HAVE READ, UNDERSTAND, AND ANSWERED ALL QUESTIONS TO THE BEST OF MY ABILITY. I UNDERSTAND THAT THIS COURSE WILL REQUIRE ME TO UNDERGO A DRUG TEST. I ALSO UNDERSTAND THAT THIS IS A WORKFORCE SOLUTIONS COURSE THAT IS NOT DESIGNED AS PART OF A COLLEGE DEGREE PROGRAM AND MAY NOT BE ACCEPTED FOR CREDIT AT OTHER INSTITUTIONS. I ALSO AGREE THAT IF WIOA OR AN EMPLOYER IS PAYING FOR THE CLASS, THEY WILL BE PROVIDED ACADEMIC AND FINANCIAL INFORMATION. BY CLICKING SUBMIT, I AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT.

TODAY'S DATE _____

Are you a veteran? _____ yes _____ no



**Somerset Community College
Lineman Training Program
347 Coin Road
Somerset, KY 42503
Phone: 606-451-6697**

FOR COLLEGE USE ONLY:

CLASS# _____

COURSE TITLE/TOPIC: LINEMAN TRAINING PROGRAM – Phase 1 START DATE/END DATE: _____

FEE: **\$3800** AMOUNT PAID: _____ BALANCE REMAINING: _____

DATE PAID: _____ RECEIVED BY: _____

METHOD OF PAYMENT: CASH CASHIER'S CHECK CREDIT CARD MONEY ORDER

KCTCS is an equal opportunity institution and does not discriminate against persons because of race, age, religion, sex, physical disability, color or national origin. Completion of related items on this form [Le. race, age, religion, gender, or national origin] is optional; however, it will aid in the prompt processing of your application and will be used for federal and affirmative action reporting purposes.