



Kentucky Community & Technical College System

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

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 _____

Date of Birth _____ *Gender Male Female
Month / Day / Year

Citizenship Status US Citizen Yes No

If not a US citizen are you a permanent resident alien of the US? Yes No Resident Alien Number _____

*Do you consider yourself Hispanic/Latino? Yes No

*In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White

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

Please list all the names that you have used on previous KCTCS records. _____

Admit Status First-Time College Student Readmit (attended KCTCS previously)
 High School (taking college courses prior to High School graduation)

Residency Status Kentucky Have you lived in Kentucky for the last 12 months? Yes No
 Non-Kentucky How long have you been living in your non-Kentucky county? _____

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

EMPLOYER NAME & ADDRESS _____

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 ACTIVITES, 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

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 DEGREE PROGRAM AND MAY NOT BE ACCEPTED FOR CREDIT AT OTHER INSTITUTIONS. I ALSO AGREE THAT IF WIA OR AN EMPLOYER IS PAYING FOR THE CLASS, THEY WILL BE PROVIDED ACADEMIC AND FINANCIAL INFORMATION. BY SIGNING, I AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT.

Are you a veteran? Yes No

Date _____ Signature _____

RETURN TO:

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

College Use Only:		LINEMAN CLASS # _____
COURSE TITLE: _____	<u>LINEMAN TRAINING PROGRAM</u>	START DATE/END DATE: _____
FEE: <u>\$4,200</u>		
Home College Code _____	Empl ID _____	
Academic Plan <input type="checkbox"/> Workforce Non-Degree 9002000000	<input type="checkbox"/> Other – If enrolled in another KCTCS Program	
Course Number <u>3</u>	Course Title _____	OSHA 10 Hour _____
PeopleSoft Class Number _____	Fee: <u>WAIVED</u>	Start/End Dates _____
Starting Term <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____		