

Lineman Training Application



Disclaimer: The information you provide on this form will remain confidential and will only be used to improve services aimed at workforce development activities.

Please Print

Full Name (last, first and middle initial) _____

Name Preferred: _____

SSN: _____ **Date of Birth:** _____

Race: American Indian/Alaskan native Hawaiian native/Pacific Islander
 Asian White
 African American

Sex: Female Male

Are you physically able to climb? Yes No

Have you had any surgeries?

If so, give description of each surgery or any problems you have had with legs, knees, or arms:

Are you available and/or willing to work overtime (non-traditional hours/holidays/weekends/etc.)?
 Yes No

Education: Please indicate which of the following best describes your level of education:

Less than High School Associate degree
 High School degree/GED Bachelor degree
 Some College (no degree) Graduate/Professional degree

Employment Status: Please indicate if you are currently:

Employed Unemployed
 Retired

Employment Type: Please tell us if your current or most recent employment is/was:

Full Time Seasonal
 Part Time

Please name your current or most recent employer: _____

Contact Information:

(Your) Street Address: _____

City _____ State _____ Zip _____ County _____

Telephone Number: () _____ - _____ Email Address: _____

Signature _____ Date _____

Drivers License # _____ **CDL#** _____

FOR OFFICE USE ONLY Valid _____ Not Valid _____