

**Carpentry, Cement
Masonry, and CDL
(CCC Program)**

Return completed application to:

Idaho Transportation Department
Attn: Jasmine Platt, Office of Civil Rights
Email: civilrights@itd.idaho.gov



Course Application

Today's Date _____

To comply with Federal Regulations on the operation of Commercial and Heavy Equipment, applicants:

- Must be High School graduates or equivalent
- Must be 21 years of age or older by June 1, 2020
- Must be able to pass a drug and alcohol screening
- Must be authorized to work in the United States
- Must have a valid driver's license

Name: _____ Mailing Address: _____

Resident Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Email Address: _____

How did you hear about the program? _____

References: provide contact information for two personal or professional references (Not Family).

Name:		Relationship:	
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email:	
Name:		Relationship:	
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email:	

Education & Training			
Name	Field of Study	Diploma, Degree, or Certificate	Date of attainment
High School/GED:			
College:			
Other:			
List any additional job credentials such as certificates, special licenses, and driving endorsements. You may list these items on a separate page if needed. _____ _____			

Do you have a resume? ☐ YES ☐ NO If yes, please submit a copy with this application.

What is your employment goal? _____

Does your employment goal require additional training? ☐ YES ☐ NO

[illegible]

Are you currently employed? ☐ YES ☐ NO

Are you under-employed? ☐ YES ☐ NO

Work History

Start with your current or most recent employer

Employer _____

Address _____ City _____ State _____

Zip _____ Job Title _____ Start date _____ End date _____

Pay rate _____ Reason for leaving _____

*If still employed, is position temporary or permanent? _____

Hours per week _____ Describe your job duties and responsibilities _____

Employer _____

Address _____ City _____ State _____

Zip _____ Job Title _____ Start date _____ End date _____

Pay rate _____ Reason for leaving _____

*If still employed, is position temporary or permanent? _____

Hours per week _____ Describe your job duties and responsibilities _____

Employer _____

Address _____ City _____ State _____

Zip _____ Job Title _____ Start date _____ End date _____

Pay rate _____ Reason for leaving _____

*If still employed, is position temporary or permanent? _____

Hours per week _____ Describe your job duties and responsibilities _____

Employer _____

Address _____ City _____ State _____

Zip _____ Job Title _____ Start date _____ End date _____

Pay rate _____ Reason for leaving _____

*If still employed, is position temporary or permanent? _____

Hours per week _____ Describe your job duties and responsibilities _____

Certification of Truth

The information provided on this application is true and correct to the best of my knowledge. I authorize ITD staff to verify information that relates to eligibility. I understand I may be terminated from the program or subject to prosecution if I knowingly provide incorrect information

I acknowledge that all funding of program activities are contingent upon the availability of Federal funds and continued Federal authorization. I agree the ITD Service Provider has the right to terminate or otherwise modify services if Federal funding or authority is terminated or modified.

Applicant Signature

Date

Applications can be returned to:

Idaho Transportation Department

Attn: Jasmine Platt

Email: jasmine.platt@ITD.Idaho.gov

It is the policy of the Idaho Transportation Department to comply with the Title VI of the Civil Rights Act of 1964 and to adhere to all related Non-discrimination authorities. ITD will ensure that "no person in the United States shall, on the grounds of race, color, or national origin, "sex, age, disability, low income, and Limited English Proficiency (LEP), "be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, ' for which ITD' receives Federal financial assistance."

VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

Information from this survey is confidential and for statistical purposes only. Completion of this form is voluntary but highly encouraged.

Veteran Status

Are you a veteran? ☐ YES ☐ NO

Are you a Disabled Veteran? ☐ YES ☐ NO

Are you a Vietnam Era Veteran? ☐ YES ☐ NO

Gender / Sex

☐ Male ☐ Female

Race/Ethnicity (Mark all that apply):

☐ White ☐ African American / Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ Hispanic/Latino

Americans with Disabilities Act of 1990

Do you currently have a disability that is covered under the Americans with Disabilities Act? ☐ YES ☐ NO

Will you require any special accommodations if selected for the interview? If yes, please describe the accommodation in the space provided below.
