

## **Application for Admission to the Shipfitting Training Program**

## **Continuing Education**

SECTION 1: PERSON	IAL INFORMATION				
Full Name:					
Date of Birth:/					
Social Security Num	ıber:	-			
Phone Number:					
Email Address:		_			
Address:					
Street:					
City:	State:	Zip:			
SECTION 2: EDUCAT	ION BACKGROUNE	)			
High School Diplom	a or GED?				
□ Yes □ No	☐ Currently Enrolled	d			
Highest Level of Edu	cation Completed	:			
$\square$ Less than High ScI	nool				
☐ High School Diplo	ma / GED				
$\square$ Some College					
☐ Associate Degree					
□ Bachelor's Degree	or Higher				
SECTION 3: EMPLOY	MENT INFORMATIO	 ON			
Are you currently en	nployed? 🗆 Yes 🗀 i	No			
Current or Most Rec	• •		 		
Job Title:				_	
Work Experience in		ny):			
	-				

**SECTION 4: PROGRAM INFORMATION** 

Program Applying For:
☑ Shipfitting (Workforce Certificate Program)
Desired Start Date (if applicable):
Are you applying through a company sponsorship (e.g., Gulf Copper)?
If yes, Company Name:
SECTION 5: EMERGENCY CONTACT
Name:
Relationship:
Phone Number:
SECTION 6: SAFETY AND ATTIRE ACKNOWLEDGEMENT
To participate in the Pipefitting Program, students must wear appropriate PPE, including:
Steel-toe boots
Safety glasses
• Long pants
Long-sleeved shirt
Do you agree to comply with the safety dress code requirements?  ☐ Yes ☐ No
SECTION 7: SIGNATURE & CERTIFICATION
I certify that the information I have provided is true and complete to the best of my knowledge. I understand that incomplete or false information may result in my disqualification from the program.
Applicant Signature: Date: / /