



BOOT CAMP CERTIFICATIONS

Ladder Safety/ Fall Protection

Confined Space Entry

First Aid / C.P.R.

Work Zone Safety / Traffic Control

OSHA 10

Week
1

Week 2 **40 Hour Hazwopper**

Weeks { **Introduction to Photovoltaics- Module 1**

3-4 { **Introduction to Photovoltaics- Module 2**

OTHER CERTIFICATIONS

OSHA 8

Forklift Class 1,4,5

Uponor/ Tracpipe installation

OSHA 8 D.O.T. Hazmat Awareness

Hilti Powder Actuated Tools

Flagging (ATSSA)



In order to enroll in the program, we will need to have **COPIES** of the following documentation that applies to you.

Enrollment will be done here at the NCCT office.

Completed Applications & Forms

Valid California ID or Driver's License

Current 10 Year DMV Printout

Social Security Card

High School Diploma or GED Certificate

Please Note: GED Certification is available through our program.

Selective Service Card (for Males 18 to 24 yrs.)

Alien Registration Card

Student Enrollment Application

Northern California Construction Training, Inc.
 PO Box 293585 Sacramento, CA 95829
 (916) 372-7422 Website: www.ncct.ws

Start Date _____

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Student Last Name	First Name	MI	Date of Birth
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*

Street Address	APT	City	State	Zip	County of Residence
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*

E-mail address	Social Security Number	Gender
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Home Telephone (Area Code) Number	Emergency Contact Name & Telephone Number
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DO YOU HAVE YOUR CALIFORNIA DRIVER'S LICENSE? YES or NO

If Yes: CA Driver's License Number _____

<p><u>Ethnicity-Mark 1</u></p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Alaskan Native</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Filipino</p> <p><u>Native Language</u></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Farsi</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Punjabi</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Lao</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Tagalog</p>	<p><u>Barriers-Mark all that apply</u></p> <p><input type="checkbox"/> Transportation Issues</p> <p><input type="checkbox"/> Disabled (Physically/Mentally)</p> <p><input type="checkbox"/> Rehabilitation (CA Dept. of Rehab)</p> <p><input type="checkbox"/> Alcohol/Drug Dependency</p> <p><input type="checkbox"/> Displaced Homemaker</p> <p><input type="checkbox"/> Laid Off/Dislocated Worker</p> <p><input type="checkbox"/> Low Income (Any Gov't Assistance)</p> <p><input type="checkbox"/> English Language Learner</p> <p><input type="checkbox"/> Low Level Literacy (English)</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Foster Care Youth</p> <p><input type="checkbox"/> Felony/Misdemeanor Charges</p> <p><input type="checkbox"/> Migrant/Seasonal Worker</p> <p><input type="checkbox"/> Refugee</p> <p><input type="checkbox"/> Single Parent</p> <p><input type="checkbox"/> U.S. Veteran</p> <p><input type="checkbox"/> Cultural Barriers</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> NONE OF THE ABOVE</p>	<p><u>Public Assistance</u></p> <p><input type="checkbox"/> CalWORKS</p> <p><input type="checkbox"/> Student Loans</p> <p><input type="checkbox"/> SSI/SSDI (Social Security/Disability)</p> <p><input type="checkbox"/> Food Stamps/CalFresh</p> <p><input type="checkbox"/> TANF (Temp Asst for Needy Families)</p> <p><input type="checkbox"/> Other Public Assistance _____</p> <p><input type="checkbox"/> NONE OF THE ABOVE</p> <p><u>Labor Force Status</u></p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Soon to be Laid Off</p> <p><input type="checkbox"/> Unemployed- How Long _____</p> <p><input type="checkbox"/> Not seeking employment</p> <p><input type="checkbox"/> Retired</p>	<p><u>Education</u></p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> GED/HSE Certificate</p> <p><input type="checkbox"/> Technical Certificate</p> <p><input type="checkbox"/> Some College-No Degree</p> <p><input type="checkbox"/> AA/AS Degree</p> <p><input type="checkbox"/> 4 Yr. College Graduate</p> <p><input type="checkbox"/> Adv. Graduate Studies</p> <p><input type="checkbox"/> Not a Grad? # of Years _____</p>
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Important Information

1. Do you have any felonies or misdemeanors on your record? Yes No
Please indicate if you have been convicted of any of the following crimes

- Violent Assault/Domestic Abuse
- Weapons Charges
- Crimes against Children/Minors
- Arson

2. Probation/Parole Officer's Contact Info: _____

3. Do you have any outstanding warrants or Failure to Appear traffic issues Yes No

Housing Situation - What is your housing situation? (Circle one)

- | | | |
|-------------------|---------------------------|-------------|
| 1. Own | 3. Housing Choice Voucher | 5. Rent |
| 2. Public Housing | 4. Living With Others | 6. Homeless |

Referral Type - You were referred to this program by: (Circle one)

- | | | |
|-------------------|----------------|-----------------|
| 1. NCCT Recruiter | 5. High School | 9. Probation |
| 2. Internet | 6. CalWORKS | 10. Parole |
| 3. Union Rep | 7. WIOA/HHS | 11. DRC |
| 4. SETA | 8. EDD | 12. Other _____ |

Student Signature

NCCT Representative



Student Acknowledgement

With my signature below, I acknowledge receipt and agreement with the following;

1. NCCT Academic Enhancement Policy
2. NCCT Construction Technology Work Ethic Agreement

I agree that I will comply with all program requirements to the best of my ability.

Further, I have been informed that drug screening is an industry standard and that as a student I will be tested during this program. I agree to this industry standard and agree to fully participate in all program assignments related to this standard.

_____ _____/_____/_____
Signature Month Day Year

_____ Social Security # _____/_____/_____
(Please PRINT your name clearly)

EMPLOYMENT TRAINING PANEL TRAINEE RECORD (ETP 104)

Enrollment Data Collection Form

Agreement Number

1) California Employer Account Number
(training agency/consortia retrainees only)

2) Social Security Number

3) Employee ID *(optional)*

4) Last Name

5) First Name

6) Middle Initial

7) Date Hired

8) Job Number

9) Workplace Address

10) Site Number
(optional)

11) Zip Code

12) Age Group
(please check one)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Less Than 25 | <input type="checkbox"/> 45 - 54 |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 55 - 64 |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 65 and Older |

13) Ethnicity
(please check one)

- | | |
|--|---|
| <input type="checkbox"/> White - 1 | <input type="checkbox"/> Asian - 5 |
| <input type="checkbox"/> Black - 2 | <input type="checkbox"/> Pacific Islander - 6 |
| <input type="checkbox"/> Hispanic - 3 | <input type="checkbox"/> Filipino - 7 |
| <input type="checkbox"/> Native American - 4 | <input type="checkbox"/> Other - 8 |

14) Education
(please check one)

- | | |
|---|--|
| <input type="checkbox"/> Eighth Grade or Less - 1 | <input type="checkbox"/> Some College - 5 |
| <input type="checkbox"/> Some High School - 2 | <input type="checkbox"/> College Graduate - 6 |
| <input type="checkbox"/> High School Graduate - 3 | <input type="checkbox"/> Post-College Graduate - 7 |
| <input type="checkbox"/> GED - 4 | |

15) Sex

- Male - M
 Female - F

16) Veteran *(optional)*

- Yes - Y
 No - N

17) Disabled *(optional)*

- Yes - Y
 No - N

Please complete all
items with *.
Thank you



Medical History Questionnaire

Name: _____ D.O.B. _____ Age _____ M or F

Physician's Name: _____ Phone # _____

Insurance: _____ Policy #: _____

- Are you currently suffering from a cold or congestion? Yes No
- Are you a diabetic? Yes No
- Do you have a history of respiratory problems or disease? Yes No
- Do you have a history of heart disease?..... Yes No
- Do you have a history of sinus problems?..... Yes No
- Do you currently have an ear infection?..... Yes No
- Do you have asthma, emphysema, or tuberculosis? Yes No
- Do you currently or have you ever smoked cigarettes? Yes No
- Have you ever had surgery? Yes No
- Do you have a history of seizures, dizziness, or fainting?..... Yes No
- Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?..... Yes No
- Are you pregnant?..... Yes No
- Are you under the influence of drugs or alcohol?..... Yes No

If you answered yes to any of these questions, please specify _____

Are you currently being treated for any type of health problem? Yes No
If yes, please specify condition, treatment program and prescribed medications:

Are there any other medical or physical conditions not listed above that NCCT should be aware of? Please specify. _____

Participants Signature _____ Date _____

**SPECIAL TRAINING AGREEMENT FOR
NCCT PRE-APPRENTICESHIP PROGRAM**

Student: _____

Date: _____

The above student agrees to the following conditions that he/she may return to the program as of the above date. Students are expected to be on time, prepared for work and instruction. Students are expected to call on any day of absence. Specifically, the student above agrees to the following:

1. I agree to be on time, prepared for work and instruction for the duration of the program.
2. I agree to notify the instructor by 7:00 AM if I am going to be late, or absent.
3. I agree to provide documentation if I am late or absent from the date above.
4. I understand my attendance and lateness for work may result in termination from the program.
5. I understand that excessive absences may result in termination from the program
6. I understand that planned absences must be reported to and approved by the instructor prior to the date of absence.
7. The definition of an excused absence is any absence due to:
Illness, Doctor/Dentist appointment, Bereavement/Funerals, Jury Duty, Court Appearance, or Probation Officer appointment w/documentation.

The purpose of this document is to enforce what is expected of the student in aspects related to attendance. My signature on this document indicates that I understand and will comply with the above requirements. In the case of violations of the above agreements, termination of the program will occur.

Student Signature

Date

Instructor Signature

Date

CC: Student File

TRAINING SITE

NCCT Instructors will develop a rotation schedule, which will attempt to give each student an equal opportunity to work in the shop area. Students are required to satisfactorily complete classroom instruction prior to being assigned to the work in the shop area. All policies regarding safety and dress must be complied with prior to training site assignment.

I have read the preceding work ethic document. I understand the rules and regulations presented in this document, along with the consequences of any violations of the standards. My signature verifies my agreement to abide by the standards.

Signature: _____ Date: _____

GENERAL

1. NCCT is a designated "Smoke Free" work site. There will be no smoking in the classroom or project-training site. Any smoking will only be allowed at the discretion of the instructor.

Release of Information

I _____, hereby authorize Northern California Construction Training (NCCT) to complete a background check of criminal history which will allow my enrollment to the West Sacramento classroom site. If I do not wish to allow this I am able to attend one of the other locations for training.

Signature of Client

Date of Authorization



Consent Agreement

I _____, consent to having my image, voice, name or photograph used for publication in materials produced by Northern California Construction Training INC. and its contractors including, but not limited to, newsletters, videos, annual reports, brochures, internet/intranet web page, television and presentation displays by Northern California Construction Training INC.

I understand that my picture/image may be seen by members of the general public. I understand I will receive no compensation.

Northern California Construction Training INC. owns all rights to these images, materials and footage and may authorize its use on broadcast or cable television stations or in other public relations materials produced by Northern California Construction Training INC. I understand I may revoke this consent agreement at any time except when action has already been taken based on this release.

NAME OF PERSON or CHILD BEING PHOTOGRAPHED OR INTERVIEWED:

(Please Print)

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____
(Parent/Guardian/Authorized Representative Required If Under 18 Years of Age)



Student Emergency Contact Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

CA DL or Gov't ID: _____

Birth Date: _____ Marital Status: _____

Emergency Contact Information #1

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Emergency Contact Information #2

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Emergency Contact Information #3

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____