

***Required Information**



4 Science Park • New Haven • Connecticut • 06511 www.conncat.org

Pre-Application Training Program

First Name (Please Print Neatly) *	M.I. *	Last Name *	Suffix
Date of Birth (i.e. 4/7/88) *	Social Security # *	Home/Cell Phone <i>Include Area Code</i> *	
Street Address *		City *	Zip Code *
Email Address			
Which neighborhood do you live in? * <input type="checkbox"/> The Hill <input type="checkbox"/> Fair Haven <input type="checkbox"/> Newhallville <input type="checkbox"/> Dixwell <input type="checkbox"/> Dwight <input type="checkbox"/> Other			
Marital Status? * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law			
Emergency Contact? _____ Training Desired * <input type="checkbox"/> Medical Coding <input type="checkbox"/> Phlebotomy			
How did you hear about ConnCAT? * <input type="checkbox"/> Strive <input type="checkbox"/> CT Works <input type="checkbox"/> Other _____			
Are you a Registered Voter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Medical Insurance? * <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have an immediate relative attending or enrolling at ConnCAT? * Yes No

If Yes, what is(are) their full name(s): _____

Ethnicity/Race*

Please provide the following ethnicity and race data. This information is requested on a voluntary basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect admission to or registration to ConnCAT. Do you consider yourself to be Hispanic/Latino? Yes No

- | | | |
|--|---|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |

Are you employed? * <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your annual income: * <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$30,000 <input type="checkbox"/> \$30,000 or Higher
Are you a United States citizen? * <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No", you must provide an unexpired Visa or Green Card	
Are you eligible to work in the United States? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a resident of the State of Connecticut? * <input type="checkbox"/> Yes	
Have you ever pled "guilty" or "no contest" to, or been convicted of any crime? * <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Answering "yes" to the following question does not constitute an automatic bar to training. Factors such as date of the offense, seriousness and nature of violation, rehabilitation and program applied for will be taken into account.</i>	
If yes, please provide date(s) and details: _____	
My signature below indicates that I have read, understood, made correct, and completed statements on this application and any supplements to it. I understand that any omission or false statement made by me will result in disqualification of my application. By signing below, I understand the following will be part of the application process: background, criminal history check.	

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____