

Sokaogon Chippewa Community HCST Program



HCST Program Application

Send to: Noel Vandiver 3051 Sand Lake Road, Crandon, WI 54520

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Completion of this application is not a guarantee of enrollment in the HCST Program

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security Number _____

Birth Date _____

Driver's License Number & State: _____

Do you currently hold a Commercial Driver's License? YES NO

Have you ever been convicted of an OWI/DUI within the last 7 years? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Demographic Information

The following information is voluntary. All information provided on this form is protected under the Privacy Act of 1974 which states that we must explain why we are asking for information and how it will be used. Sokaogon Chippewa Community and the HCST program uses this information for reporting to its funding source. This information does not determine or affect your eligibility for the training. This data may be used for referring to additional resources, further training, and work placements.

Please answer each:

Please select the racial or ethnic background you feel best describes you:

Are you a veteran?

YES NO

White/Caucasian Native American

African -American Asian-American

Hawaiian or Pacific Islander

Two or more races

Hispanic/Latino

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to getting into the HCST program, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____