



Date ____/____/____

Name		General Background Info	
		Class: TR <input type="checkbox"/> HED <input type="checkbox"/> Other <input type="checkbox"/>	
		High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Graduation Year: _____	
Address		High School/GED Name: _____	
		Location: _____	
		Medical History: Diabetes <input type="checkbox"/> Insulin-dependent <input type="checkbox"/> MS <input type="checkbox"/>	
		Seizures <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Fainting <input type="checkbox"/> Other: _____	
		None <input type="checkbox"/> Taking Prescription Meds? <input type="checkbox"/> (May need doctor's clearance)	
City, State, Zip		Can You Pass: DOT Drug Test <input type="checkbox"/> Physical <input type="checkbox"/>	
		Working: <input type="checkbox"/> No <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time Hours: _____	
		Laid Off: No <input type="checkbox"/> Lay Off Letter <input type="checkbox"/>	
		Unemployment: <input type="checkbox"/> Applied <input type="checkbox"/> Collecting <input type="checkbox"/> Exhausted <input type="checkbox"/> N/A	
E-mail		Military Information	
		Are you a Veteran: No <input type="checkbox"/> Chapter 31 <input type="checkbox"/> Chapter 33 <input type="checkbox"/> DD214 <input type="checkbox"/> COE <input type="checkbox"/>	
		Branch of service: Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/>	
		Honorably Discharged <input type="checkbox"/> Dates of Service: _____	
Cell Phone Number	Home Phone Number	DMV Record	
		Drivers License A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> How long have you had it? _____ years	
		Tickets: _____ Suspended <input type="checkbox"/>	
		None <input type="checkbox"/>	
Most Recent Employer		Accidents: _____	
		None <input type="checkbox"/>	
		DUI's: How many _____ Dates: _____	
		None <input type="checkbox"/>	
Type of Work	How did you hear about CIT?	Stick Shift <input type="checkbox"/> HAZ <input type="checkbox"/> TWIC <input type="checkbox"/> RSO <input type="checkbox"/>	
		Felonies <input type="checkbox"/> : _____ Misdemeanors <input type="checkbox"/> :	
		Conviction Dates: _____	
		Prison Dates: _____	
Funding Source/City	Post Ed. Goals?	Citizenship/Immigration	
		Citizenship/Immigration Docs (Birth/Naturalization, Passport, etc) <input type="checkbox"/>	
		Proof of CA Residency (utility bill, insur. docs, etc. w/ name/address) <input type="checkbox"/>	
		Can you locate Social Security Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Case Worker/Phone Number	Job Leads?	Fact Sheet HED: _____ <input type="checkbox"/> Catalog <input type="checkbox"/> <input type="checkbox"/> Illegal Substances Rules	
		EE Score: _____ / _____	
		Staff Initials: _____ Staff Initials: _____	
		Staff Initials: _____ Staff Initials: _____	

LAST NAME

Additional Comments:
