



APPLICATION FOR HIGHWAY CONSTRUCTION TRAINING

Applicant: Please Print All Information

Preference for admission is given to American Indians documenting tribal membership or descendency (traceable to second generation.)

Non-Indian students are admitted, as space is available

APPLICANT'S NAME

Last _____

First _____ Middle _____

SSN _____ D.O.B _____

MAILING ADDRESS

Street _____

City _____

State _____ Zip _____

Phone _____

Message/Cell _____

Do you have a current driver's license? YES NO

Issuing State _____ Expiration Date _____

***For out-of-state Driver's License refer to page 2.**

If "no"

Brief Statement why _____

Do you have a commercial Driver's License? YES NO

If "yes" what class of CDL do you have? _____

TRIBAL AFFILIATION

Are you an enrolled member of a federally recognized tribe? YES NO

If "yes"

Name of Tribe _____

Location of Agency _____

If "no"

Are you a descendent? YES NO

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE APPLICANT

BACKGROUND

1. Do you have any experience working YES NO
construction or a related field?

If yes what? _____

How many years? _____

INTEREST

2. How did you learn about this program? (Check All That Apply)

School Counselor From someone In The Trade

Newspaper Tribal Program

Job Placement

Word-of-Mouth

Other _____

3. List some reasons why you are applying for this training program:

4. Give a brief description of the kind of work you think is involved with this trade.

ABILITY

5. Are you physically and mentally able to safely perform the work of this trade with reasonable accommodations? YES NO

6. Are you able and willing to attend all related classroom training as required to complete your training? YES NO

Turn over and complete other side

7. Are you able to hear and understand verbal instruction and warnings given in English? YES NO

8. Are you able to climb, stand on feet for long periods of time and physically lift for brief periods of time? YES NO

ADMISSION REQUIREMENTS

- HCT Application
- A Photo Copy of Your MT Driver's License
- A Photo Copy of Your Social Security Card
- Must be 18 years old by start of training
- Original Department of Transportation (D.O.T) Physical (long form and medical examiners card)
- A ***NEGATIVE*** D.O.T. Drug Screen must be taken and submitted within 30 days before school starts. ***Any drug test taken prior to 30 days before school starts will not be accepted.***

***STUDENTS WITH OUT-OF STATE DRIVER'S LICENSE**

Montana Department of Motor Vehicles requires a:

CERTIFIED BIRTH CERTIFICATE

(Copies will not be accepted)

And one of the following presence documents:

- Canceled Mail
- Rent Receipt
- Voter Registration Card

ALL OUT OF STATE STUDENTS MUST OBTAIN A VALID MONTANA CLASS D DRIVERS LICENSE PRIOR TO REGISTRATION.

STATEMENT OF UNDERSTANDING

You Must Initial Each Of The Statements (A through G) Below To Indicate Your Knowledge And Understanding.

- A. ____ The applicant must submit a ***NEGATIVE*** D.O.T. drug screen 30 days prior to school starting before applicant will be accepted into training program.
- B. ____ Applicant must pass a D.O.T. physical exam before applicant will be accepted into training program.
- C. ____ Applicant is responsible for the cost of their D.O.T. physical and pre-acceptance drug screen.
- D. ____ Applicant must have a current MT driver's license before being accepted into training program.
- E. ____ The training will involve physical work and applicant is stating he/she is physically and mentally able to perform the work involved in this training safely or with reasonable accommodations.
- F. ____ Salish Kootenai College ***is not*** responsible for the applicant's health care services.

I have personally read and agree to all of the above.

Signature of Applicant

Date

Print Name of Applicant

Please Return Application and Required Documentation to:

**Salish Kootenai College
Attn: HCT Program
PO Box 70
Pablo MT 59855**