

Application for Continuing Technical Education Program

ON-LINE APPLICATION FOR CONTINUING TECHNICAL EDUCATION PROGRAM

(Note: Field marked with an * are required)

APPLICANT NAME:

*Social Security Number (last 4): _____

*Last Name: _____ *First Name: _____ Middle Initial: _____

*Phone: _____ *E-mail: _____

*Home Address: _____ *Home City: _____

*State: _____ *Zip Code: _____

Gender: _____ Ethic Origin: _____

Disabilities that require special assistance: _____

If yes, please describe both disability and assistance needed: _____

EMPLOYER:

Employer Name: _____ Employer FEIN: _____

Supervisor's Name: _____ Employer e-mail address: _____

*Work Address: _____ *Work City: _____

*State: _____ *Zip Code _____

*Work Phone: _____ Work Fax: _____

Who should be billed for this training? Employer Applicant

COURSES: (See calendar for classes offered)

<http://www.linnstate.edu/business/technicaledu.php>

Course 1: _____ Course 5: _____

Course 2: _____ Course 6: _____

Course 3: _____ Course 7: _____

Course 4: _____ Course 8: _____

Please read the following statement.

I understand that certification carried inherent rights and responsibilities, any attempts of fraud, abuse or willful negligence may be cause for de-certification. I understand and accept these responsibilities.

Your signature also allows Linn State Technical College to release any or all of the above information to MoDOT.

Signature: _____ Date _____