

# ENVIRONMENTAL RESOURCES TRAINING CENTER

## Application for Admission One-Year Water Quality Control Operations Program

Social Security Number

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Date of Birth (mo/day/yr): \_\_\_/\_\_\_/\_\_\_\_\_

Male     Female     I'd rather not answer

Applying for term beginning in Fall 2024

Legal Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_ County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address (If different than permanent) \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Are you a veteran?  Yes  No

Are you disabled?  Yes  No

Are you a U. S. Citizen?  Yes  No

If no, state your Alien Registration Number \_\_\_\_\_

Permanent Residents must provide a copy of their Alien Registration Card (Green Card) for review.

Have you been affected by TAA?  Yes  No

### Ethnic Origin:

Do you consider yourself Hispanic or Latino?  Yes  No

Do you consider yourself American Indian or Alaska Native?  Yes  No

Do you consider yourself Asian?  Yes  No

Do you consider yourself White?  Yes  No

Do you consider yourself Black/African American?  Yes  No

Do you consider yourself Native Hawaiian/Pacific Islander?  Yes  No

### Highest Level of Education Attained (please circle one)

Less than a High School Diploma

High School Diploma

GED

Some College

Associates Degree

Bachelor's Degree of Higher

### CERTIFICATION:

I certify that the statements I have made on this application are correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_