APPLICATION FOR MANUFACTURING TECHNICIAN TRAINING

Submit this application by email to:

workforceregistration@smccME.edu

Questions? Call 207-741-5955

LAST NAME	FIRST MIDDLE	DATE OF BIRTH	SOCIAL SECURITY	NUMBER EMAIL AD	DRESS	
ADDRESS	CITY	STATE ZIP	PHONE			
			HOME: CELL:			
		EDU	CATION			
	School Name	Location	Years Attended	Degree Received	Major	
High School						
College						
Trade, Tech/Other						

Submit this application by email to:

workforceregistration@smccME.edu

Questions? Call 207-741-5955

DATE: _____

		EMPLOYN	MENT HISTO	DRY P	lease list your 3 mos	t recent positions.		
Name of Company & Address of Company	From (Mo. & Yr)	TO (Mo. & Yr)	Immediate Supervisor	Pay Rate	Job Title/Duties	Reason for Leaving		
1			•					
2								
3								
Are You At Least 18 Years Old	? □Yes □ No		Do You Hav	│ e: □High Scl	hool Diploma □GED			
Are You Presently Employed? □Yes □No			Current Work Hours: to					
Are You Authorized to Work in	The U.S.? □Ye	s □No	Are You A l	IS Citizen?	□Yes □No			
Please list any related trade ex	perience or Tra	ining?						
How did you hear about this tr	aining?							
		PROFESSIO	NAL DEVELO	PMENT H	IISTORY			
LIST ANY OTHER PROFESSIO	NAL DEVELOPI	MENT CREDEN	TIALS OF LICEN	SURE (i.e. M	lilitary, Real Estate, oth	ner)		
CERTIFICATION OF APPLICAN offer of employment by BIW by enab grant SMCC permission to disclose to	ling BIW to conduc	t its pre-employme	ent screening proce	ss in advance	of my completion of the t	raining program. I therefore		
I have read and accept the stat	ement regarding m	y personal informa	ation.					
I affirm, agree and/or understand that being disqualified; the factual basis f understand that if accepted for traini any entity upon successful completio	for my statements l ng, I am not under	nerein may be inve any obligation to a	stigated; and copie	s of this form y specific firm	may be furnished to prosp	pective employers. I further		

SIGNATURE: