

STUDENT REFERRAL / INTERVIEW INFORMATION

Thank you for your interest in the CCAC Vocational Educational Programs for Persons with Learning Supports. Please complete the following information about yourself.

Environmental Services/Janitor		Indoor/Outdoor Building Maintenance Nursing Assistant/Health Care Technology	
Food Service	Nursing Assista		
PERSONAL INFORMATION:			
Full Name		GenderFM	
Address			
City	State	Zip Code	
County:	E-mail:		
Home Number	Cell Phone Number		
Date of Birth	Social Security Number		
Emergency Contact: Name	Phone Number	er	
Relationship			
SUPPORTIVE SERVICES:			
OVR Counselor			
Additional Supportive Services:			
Agency Name	Agency Name		
Contact Person	Contact Person		
Phone Number	Phone Number		
WORK EXPERIENCE:			
Name of Employer	Dates Employed	Position Held	
EDUCATION: (Include High School/S	Special Training/Vocational Training)	_	
Have you attended a Pittsburgh Public	School and are Pittsburgh Promise elig	ible? Yes No	
School	Dates Attended	Diploma/Certificate	

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CRIMINAL:
Have you ever had any involvement with the police? Yes No
Have you ever been convicted of a felony charge? Yes No
If you answered yes to either question, please explain
MEDICAL: (Does not influence admission)
Do you take daily medication? Yes No
Do you wear a hearing aid? Yes No
Do you need to wear glasses? Yes No
Do you have allergies? Yes No
Have you had seizures? Yes No
I confirm the above information is accurate and truthful:
Signature Date

Please mail or fax the completed document to:

Email or Mail
CCAC North Campus
Vocational Education Department
Teddi Jurecko tjurecko@ccac.edu
8701 Perry Highway
Pittsburgh, PA 15237

Fax:

412.369.4197

5.18.17