



Lineworker Pre-Apprenticeship Certificate Program

Student Information

Name:	_____	Date:	_____
Birth Date	_____		
Street Address:	_____	Email Address:	_____
State:	_____	City:	_____
Zip Code:	_____		
Phone (Cell):	_____	Phone (Home):	_____

Additional Student Information

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (Choose only one)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Are you a veteran of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Choose one or more, regardless of ethnicity status selected above)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

Emergency Contact Information

Emergency Contact:	_____	Relation to Student:	_____
Phone (Home):	_____	Phone (Cell):	_____

Enrollment Information

Select the term for which you are applying:

Fall 2015 Night Cohort

Spring 2016 Day Cohort

* Salt Lake Community College is an open access, public institution. The Lineworker Pre-Apprentice Program has separate entrance and participation requirements. Salt Lake Community College does not discriminate in enrollment or education on the basis of race, religion, color, disability, veteran status, national origin, gender, sexual orientation, age or any other category protected by applicable state or federal law.

Work Keys Scores or Equivalency

To qualify for the Lineworker Pre-Apprenticeship Certificate Program, students must meet the following criteria:

Achieve a Level 4 score (or above) on the Work Keys exam in Applied Mathematics, Reading for Information, and Locating Information

OR

Score an 81 or above in the Reading category and a 54 or above in the Algebra category of the Accuplacer exam

OR

Have successfully completed MATH 0950 (or equivalent) and RDG 0990 (or equivalent) with a grade of C+ or above

Please choose one of the following qualification criteria and submit with your registration application

- Work Keys (provide a copy of your test results)
- Accuplacer (provide a copy of your Accuplacer scores for Reading and Algebra)
- Completion of MATH 0950 and RDG 0990 or equivalent (provide a copy of your transcripts)

To schedule* a Work Keys exam, please call 801-957-5221 (you can prepare for this exam by reviewing sample questions [here](#)) *There is a \$41.50 fee to take the exam

Medical Release: Pre-Participation Physical Examination

This form is to be completed by a licensed medical professional.

This evaluation is only to determine readiness for strenuous training. It should not be used as a substitute for regular health maintenance examinations. Each applicant must submit a certificate signed by a licensed physician or other qualified medical professional to the effect that the applicant has been examined and may safely engage in athletic and strenuous activities. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed 30 days, is allowed for expired certifications of physical examination.

Name: _____

Height: _____ Pulse: _____

Weight: _____ BP: _____

Vision: R/20/ _____ L/20/ _____

	Normal	Abnormal Findings	Initials
Appearance (esp Marfan's)			
Eyes/Ears/Nose/Throat			
Mouth and Teeth			
Neck			
Lymph Nodes			
Heart (standing and lying)			
Pulse (esp Femoral)			
Chest and Lungs			
Abdomen			
Genitals - Hernia			
Neurological			
Musculoskeletal			
Concussion			
Vision - left eye			
Vision - right eye			

Participation Recommendations

Full and unlimited participation to include:

- Lift and carry up to 75 pounds
- Climb poles, structures, ladders, and work in elevated positions
- Perform work activities involving combinations of kneeling, pushing, pulling, climbing, bending, standing, and walking for prolonged periods of time
- Perform work activities in various weather conditions including extreme hot and cold conditions

Medical Professional's Name: _____

Signature: _____

Phone: _____

Date: _____

Limited participation:

please explain

Student Voluntary Assumptions of Risks

Enrollment and participation in the Salt Lake Community College Lineworker Pre-Apprenticeship Certificate Program involves certain risks and dangers, including, but not limited to injury and accidents. By signing below, I hereby voluntarily accept these risks and dangers arising from or associated with my participation in this activity.

I understand that neither Salt Lake Community College nor any of its agents or employees serves as guardians or insurers of my safety. If I believe that insurance coverage is required to cover any risks associated with participation in this activity, then it is my responsibility to obtain the appropriate insurance.

If an accident or injury occurs, through no negligence of Salt Lake Community College or its agents or employees, as a result of my participation in the Lineworker Pre-Apprentice Program, I will be solely responsible for the care and treatment related to the accident or injury.

I HAVE CAREFULLY READ THE FOREGOING DOCUMENT AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS ACKNOWLEDGEMENT AND VOLUNTARY ASSUMPTION OF RISKS AS MY OWN FREE ACT. I UNDERSTAND THAT THIS IS A LEGALLY BINDING DOCUMENT WHICH I HAVE READ AND UNDERSTAND.

Printed Name of Student: _____

Signature of Student: _____

Date: _____

SLCC Authorized Agent: _____

Signature: _____

Date: _____



Final Signature and Checklist

Please use the following checklist to ensure that you have completed all necessary requirements:

- Student Information Sections (page 1)
- Work Keys or Equivalency (Page 2)
- Medical Release Form (Page 3)
- Student Voluntary Assumptions of Risks (Page 4)
- Final Signature (This Page)

Please submit your completed registration application to:

Peter Reed
Salt Lake Community College - MFEC 229
9750 South 300 West
Sandy, UT 84070

Final Signature - Required for application processing

Printed Name of Student: _____

Signature of Student: _____ **Date:** _____

