

**Coast Community College District &  
Coast Federation of Classified Employees**

**Job Training Application – Part I**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Extension: \_\_\_\_\_

Current Job Title and Pay Range: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

Classified hire date with the District: \_\_\_\_\_ Hire date in current position: \_\_\_\_\_

Please attach additional pages if more space is needed.

1. What specific job training would you like to pursue?

2. What are you hoping to gain from this experience?

3. Indicate specific department/office and site location for requested job training. Please indicate first, second and third choices. (include name of training supervisors for those locations)

4. What skills do you have that would support your success in this training? (include a resumé)

5. Have you applied for the Job Training Program before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_ (approximate date)

6. Current Supervisor's Signature: \_\_\_\_\_  
6a. Do you anticipate this position will need a replacement during the time of the training?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*Submit to the appropriate committee representative for authorization to proceed to Step II.*