



# Cascades Job Corps

## Application for Advanced Computer System Administration

This application is for admission to the Advanced IT Training program offered at Cascades Job Corps, located in Sedro Woolley, Washington.

### Program Description:

The program spans 6 months to one year, and students enroll on a rolling basis, weekly. Students can expect a variety of certifications and industry-recognized competitive credentials, including CompTIA certifications that can be proctored on-site.

### Requirements for Entrance to the Program:

- 17 and 6 months of age when transferred
- HS Diploma/GED
- TABE Reading Complete
- TABE Math D level or Higher
- Completed Basic IT Trade or another trade with IT Certifications
- Has 12-18 months left in LOS (including extension)

### Recommended Certifications for Entrance to the Program:

- CompTIA A+
- CompTIA NET+
- Cisco CCST
- Cisco CCNA

### APPLICATION DIRECTIONS

Please submit this application to:

Jerry Timblin, CTT Manager

[timblin.jerry@jobcorps.org](mailto:timblin.jerry@jobcorps.org)

360-854-2174

Or by mail:

Cascades Job Corps Center

Attn: Jerry Timblin, CTTM

2060 Powerhouse Drive

Sedro-Woolley, WA 98284



# Cascades Job Corps

## Document Checklist/Center Director Sign-off

Please insure that all requested documents are submitted. Any missing or incomplete documents will delay the review process.

- Director Sign-off (Document Checklist)
- Information Sheet
- CIS Student Profile/ETA 640
- Applicant Essay
- Updated Resume
- Copy of Social Security Card
- Copy of Driver's License/State ID
- Academic Manager Recommendation
- Copy of High School Diploma or GED
- CTT Instructor Recommendation
- TAR Print Out (First & Last Pages Only)
- Copy of Certifications
- Student Credential Report
- Counselor Recommendation
- Last 3 ESP's (CIS printouts)
- UA History Report
- Updated Personalized Career Development Plan (PCDP)/MyPace Career Plan
- Residential Supervisor Recommendation
- CSIO Recommendation
- Student Conduct Profile-full length of enrollment
- Case Notes-full length enrollment (Print "List Detail" -- no individually printed notes)
- WBL Recommendation
- Statement of Completion and Commitment
- Medical Checklist Summary (please include in a separate sealed envelope)

I certify that meets the eligibility criteria for acceptance into the Advanced IT program at Cascades Job Corps.

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Center Director (Printed Name & Signature)

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Date

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# Cascades Job Corps

## Applicant Information Sheet

(PLEASE PRINT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_\_

Job Corps ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trade: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

HSD or HSE Date of Completion: \_\_\_\_\_

Advanced Leadership position: Dorm/Floor Leader and/or Student Government

Planned Date of Entry to Cascades Job Corps Center: \_\_\_\_\_  
(If accepted, arrival date would usually be on a Monday)

Name of Current Center:

\_\_\_\_\_

Point of Contact Name:

\_\_\_\_\_

Point of Contact direct line:

\_\_\_\_\_

Point of contact email address:

\_\_\_\_\_

Student Cell Phone Number:

\_\_\_\_\_

Student Email address

\_\_\_\_\_

(One that is best to contact you with)

### Emergency Contact Information:

\_\_\_\_\_

\_\_\_\_\_



# Cascades Job Corps

Name

Relationship

Phone Number

## Letter of Interest Requirements

Please submit a professionally written letter of interest answering the following questions:

1. Why are you interested in the Advanced IT program?
2. What are your goals while in the program?
3. What are your goals after the program?
4. Job Corps expects students to adhere to Career Success Standards. Choose one of these standards that you believe you do well at, and relate it to your desire to apply to the Advanced IT program at Cascades.

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# Cascades Job Corps

## ACADEMIC MANAGER RECOMMENDATION

Has student obtained High School Diploma or HSE **prior** to arrival? **YES** or **NO**

If **no**, at what percentage is the student currently at and will the student be completed before applying to Advanced IT at Cascades?

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Student's Absences: Excused: \_\_\_\_\_ Unexcused: \_\_\_\_\_ Total: \_\_\_\_\_

Describe overall performance and behavior in class, or any other pertinent information.

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Most Current TABE Reading Score and Levels: \_\_\_\_\_

Most Current TABE Math Score and Levels: \_\_\_\_\_

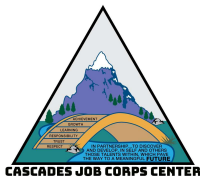
\_\_\_\_\_ I recommend the above student for Advanced Program

\_\_\_\_\_ I do not recommend the above student for the Advanced Program

\_\_\_\_\_  
Academic Manager (Printed Name & Signature)

\_\_\_\_\_  
Date

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# Cascades Job Corps

## CTT INSTRUCTOR RECOMMENDATION

Applicant's TAR Completion Level: \_\_\_\_\_

Number of days in class: \_\_\_\_\_

Attendance Record: (Circle One)    **Excellent**   -   **Good**   -   **Poor**

How closely do you have to monitor student in class? (Circle One)

**Self-sufficient**

**Sometimes**

**Very often!**

Describe overall performance in class (include behavior and performance)

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\_\_\_\_\_ I recommend the above student for Advanced Program

\_\_\_\_\_ I do not recommend the above student for the Advanced Program

\_\_\_\_\_ **Provide Copy of TAR (First & Last Pages)**

\_\_\_\_\_  
Instructor (Printed Name & Signature)

\_\_\_\_\_  
Date

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# Cascades Job Corps

## COUNSELOR RECOMMENDATION

Is student responsible with appointments/time management? (Circle One)

**Excellent - Very Good - Average - Poor**

Attendance Record (regarding AWOLS, leaves, personal days): (Circle One)

**Excellent - Very Good - Average - Poor**

How promptly does the student respond to Counselor's contact? (Circle One)

**Very Prompt - Average - Not prompt**

Describe the student's overall behavior, attitude, maturity level, dependability, initiative, and adaptability.

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\_\_\_\_ I recommend the above student for Advanced Program

\_\_\_\_ I do not recommend the above student for the Advanced Program

\_\_\_\_ **Provide ESP scores & last 3 evaluations**

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Counselor (Printed Name & Signature)

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Date

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# Cascades Job Corps

## RESIDENTIAL SUPERVISOR RECOMMENDATION

Does the Student follow directives well? (Circle One)

**Goes above and beyond**

**Does what is necessary**

**Struggles in following instructions**

Does the Student work well with others (staff and trainees) on the floor? (Circle One)

**10      9      8      7      6      5      4      3      2      1**

(10- Excellent, positively influences others..., 5- Average, not great not bad..., 1- Struggling, frequent conflicts with others.)

Maintains a clean and odor-free room and proper hygiene habits (Circle One) **YES      NO**

Please describe student's overall performance in the dorms:

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\_\_\_\_ I recommend the above student for Advanced Program

\_\_\_\_ I do not recommend the above trainee for the Advanced Program

\_\_\_\_\_  
Residential Supervisor (Printed Name & Signature)

\_\_\_\_\_  
Date

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# Cascades Job Corps

## CSIO SUPERVISOR RECOMMENDATION

Please note any pertinent information relating to student's performance:

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\_\_\_\_\_ I recommend the above student for Advanced Program

\_\_\_\_\_ I do not recommend the above trainee for the Advanced Program

\_\_\_\_\_ **Provide Student Conduct Profile and Detail Case Note Report**

\_\_\_\_\_  
CSIO Supervisor (Printed Name & Signature)

\_\_\_\_\_  
Date

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# Cascades Job Corps

## WBL COORDINATOR RECOMMENDATION

Student **has** / **has not** participated in Work Based Learning

Please list WBL site(s) if applicable: \_\_\_\_\_

Dates of WBL experience: \_\_\_\_\_

Number of Hours Completed in WBL: \_\_\_\_\_

Student's overall behavior, attitude, maturity level, dependability, initiative, and adaptability:

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Student's evaluation from supervisor was: (Circle One)

**Excellent - Good - Average - Poor**

\_\_\_\_\_ I recommend the above student for Advanced Program

\_\_\_\_\_ I do not recommend the above trainee for the Advanced Program

\_\_\_\_\_  
WBL Coordinator (Printed Name & Signature)

\_\_\_\_\_  
Date

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# Cascades Job Corps

## STATEMENT OF COMMPLETION AND COMMITMENT

(Please initial each one)

- \_\_\_\_\_ Review Cascades Student Handbook and confirm agreement to the Center  
Expectations and Standards
- \_\_\_\_\_ Maintain a positive disciplinary record
- \_\_\_\_\_ .
- \_\_\_\_\_ Make requests for unpaid leave through your counselor
- \_\_\_\_\_ In the event of completion, withdrawal, or removal, a student will no longer be  
eligible for the 'regular' Job Corps program and transition from the Job Corps  
program for Job Placement

By signing below, I agree to follow all of the requirements set forth by Cascades Job Corps,  
including adhering to the Career Success Standards set forth by Job Corps.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Cascades Job Corps

## STUDENT TRANSFER WELLNESS SUMMARY CHECKLIST

### GENERAL WELLNESS INFORMATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Transferring Center: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Receiving Center: \_\_\_\_\_

Insurance (check all that apply):

Private insurance: ☐ Yes ☐ No If yes, enter insurer: \_\_\_\_\_

Medicaid: ☐ Yes ☐ No If yes, enter state: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medication(s) and dosage(s): \_\_\_\_\_

Upcoming appointments (e.g., orthodontic, off-center healthcare provider): \_\_\_\_\_

### ACCOMMODATIONS

Check one: ☐ Accommodation plan is attached

☐ Student does not have an accommodation plan

Comments (include any specific additional information that needs to be known in relation to the student's accommodation plan such as the use of specific technologies or other information that was helpful in implementing the plan): \_\_\_\_\_

Disability Coordinator Signature: \_\_\_\_\_

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

Disability Co-Coordinator Signature: \_\_\_\_\_

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

HWM Signature: \_\_\_\_\_

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



# Cascades Job Corps

## MEDICAL

Date of last medical assessment: \_\_\_\_\_

Medical summary (include diagnoses, chronic/acute conditions, and treatments): \_\_\_\_\_

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Activity/Diet/Vocational Restrictions: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ORAL HEALTH

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Refused elective oral examination  | <input type="checkbox"/> Refused oral health treatment  |
| <input type="checkbox"/> Received elective oral examination | <input type="checkbox"/> Received oral health treatment |

If student received priority classification, current priority classification: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Does the student have orthodontics? ☐ Yes ☐ No

If yes, is an updated orthodontic treatment plan in place? ☐ Yes ☐ No ☐ N/A

Oral health summary (include diagnoses, chronic/acute conditions, and treatment): \_\_\_\_\_

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Center Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Cascades Job Corps

## TEAP

Check one: ☐ Student received TEAP services ☐ Student did not receive TEAP services

TEAP summary (include results of initial assessment, interventions services and clinical recommendations as well as any other relevant information): \_\_\_\_\_

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TEAP Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MENTAL HEALTH

Check one: ☐ Student received mental health services  
☐ Student did not receive mental health services

Mental health summary (include clinical impressions from initial intake assessment, interventions [on and/or off center], medications, and any other relevant care management contacts with the CMHC): \_\_\_\_\_

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CMHC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please contact:

HWM Printed Name

Phone Number

HWM Signature

Date