



Application Packet For **CNC Machine Operator XXVII** Boot Camp Training Program

Contact			
Kenosha County	Rich Salisbury	rich.salisbury@kenoshacounty.org	(262) 697-4527
Racine County	Todd Nienhaus	todd.nienhaus@racinecounty.com	(262) 638-6541
Walworth County	Jonathan Watts	Jwatts@dwfs.us	(262) 741-5272

Pick up and turn in applications at:	
Kenosha County	Kenosha County Job Center (Reception) at 8600 Sheridan Rd., Kenosha
Racine County	Racine County Workforce Solutions (Resource Room) at 1717 Taylor Ave., Racine
Walworth County	Walworth County Job Center at 400 County Road H, Elkhorn

Applications are due no later than 5:00pm on Friday, August 4, 2017.

CNC Operator Boot Camp Checklist

These may be done in any order. Make sure that you complete all steps and have the appropriate documentation attached when submitting your application.

- CNC Operator Boot Camp informational session attended and certificate attached – CALL (262) 638-6541 TO SCHEDULE TODAY!
- Work Application completed (page 7 & 8)
- Printed copy of resume attached
- GTC's Accuplacer assessment test results attached
- Boot Camp Information Survey completed and attached along with supporting documentation (page 5)
- Southeast Workforce Development Board expectations worksheet completed and attached (will receive at information session)
- Essay attached (optional); No more than 200 words

CNC Operator Boot Camp Application Process

QUALIFICATIONS

Minimum Qualifications: To be considered for the CNC Operator Boot Camp applicants must, at a minimum, meet the following criteria:

1. Be a resident of Racine, Kenosha, or Walworth County
2. Be at least 18 years of age
3. Turn in completed application by August 4, 2017 before 5:00pm. See cover to determine where you can return your completed application.

APPLICATION PROCESS

STEP 1

Applications will be accepted until 5:00pm August 4, 2017. To be considered a complete application, the following must be included:

- 1) Original *certificate of attendance* for the CNC Operator Boot Camp information session:
This session explores CNC operation as a career, and explains the classroom expectations and employment goals of the boot camp (certificate provided at session).
Call (262) 638-6541 to schedule your session.
- 2) Completed SEWDB "Work Application" (attached)
- 3) Paper copy of resume
- 4) Review and signed SEWDB expectations worksheet (provided at information sessions)
- 5) Completed Boot Camp Information Survey along with supporting documentation
- 6) Copy of Accuplacer test results
- 7) Optional (but recommended) - A typed or printed written essay of no more than 200 words explaining why you should be provided the opportunity to participate in this program

Incomplete or late applications will not be considered!

STEP 2

All completed applications will be reviewed and selected applicants will be invited to an interview to assess their interest and qualifications.

STEP 3

Selected and qualified applicants will be offered an opportunity to participate in the program.

STEP 4

Selected participants must attend a full-day registration/enrollment session to complete required Southeast Workforce Development Board paperwork.

Notification of Selection: Only applicants who have been selected will be notified.

Resources for Completing Your Application

Application: Application packets may be obtained in the Resource Room at:

- Racine County Workforce Solutions, located at 1717 Taylor Ave. in Racine
- Burlington RCWS, located at 209 Main Street in Burlington
- Kenosha County Job Center, located at 8600 Sheridan Rd. in Kenosha
- Walworth County Job Center, located at 400 County Road H in Elkhorn

Accuplacer: You need to take the Accuplacer assessment at your local Gateway campus. Follow these steps to waive the testing fee.

1. Navigate to WebAdvisor: <http://admin8.gtc.edu/>
2. On the right, click on the orange “Prospective Students” button.
3. Click on “I am New to Gateway”.
4. Answer the questions and click submit.
5. If you are already a student, you will get a message saying “You are already in our system and your User ID is 0000000”. Otherwise, a student ID number will be assigned to you.
6. Call the Employment Consultant (below) for your county and let him know your student ID number to waive your assessment fee.

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Resumes: Applicants who need assistance creating a resume can make an appointment by contacting your local workforce organization.

CNC Operator Boot Camp informational session:

Information sessions are a 2-hour appointment. Call (262) 638-6541 to schedule your information session appointment.

CNC Operator Training

Training: Training will take place at Gateway Technical College’s SC Johnson iMET Center at 2320 Renaissance Blvd in Sturtevant beginning Monday, August 28, 2017, and ending Friday, December 1, 2017. Class runs Monday – Friday 7:30am – 4:30pm. Free parking is available in the lot in front of the campus. The iMET Center is on the city bus line. Boot camp costs will be paid for by a grant from SC Johnson a Family Company.

Boot Camp Information Survey

Unemployment Eligibility

Within the last **three** years have you collected Unemployment Insurance?

Yes No

If so, please submit 1099-G, letter of eligibility from the Unemployment Insurance Division. If you do not have a 1099-G any recent correspondence from Unemployment will suffice.

During 2015, 2016, or 2017 did you lose your job through no fault of your own?

Yes No

Veteran's Status

Are you a military veteran with at least 180 days of active service, a spouse of a veteran, or child of a veteran killed in the line of duty?

Yes No If you answered "Yes," attach a copy of your DD-214.

Income

Please state your income for the last year (from this date to 1 year ago) – do not include unemployment.

\$ _____

CNC Operator Salary Expectations

After doing some Internet research on CNC Operator salary ranges, what is a wage typically earned by an entry-level CNC Operator?

(possible source: <http://worknet.wisconsin.gov>)

\$ _____ an hour. *Print the supporting page and attach to the application.*

The minimum salary that I am willing to accept as a CNC Operator is \$ _____ an hour.

Commute Distance

How many miles, one-way, are you willing to commute for a job as a CNC Operator?
_____ miles

How did you find out about this boot camp? (give specific source, website, etc...)

Name: _____

Date: _____

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WORK APPLICATION



Company Name: **CNC Operator Boot Camp XXVII** Date: _____

PLEASE PRINT OR TYPE ALL INFORMATION **USE ADDITIONAL PAGES IF NECESSARY**

Personal information you provide may be used only for determining your qualifications relative to this position.

Last Name	First Name	Middle Name
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Application for Position of:	Date Available
Present Address (number, street, city, state, zip code)	Home Phone
Mailing Address (if different from above)(number, street, city, state, zip code)	Cell Phone

What hours are you NOT available to work? <input type="checkbox"/> AM <input type="checkbox"/> PM What days are you NOT available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Types of Employment Preferred (Check more than one box if desired) <input type="checkbox"/> Regular (Full Time) <input type="checkbox"/> Regular (Part Time) <input type="checkbox"/> Temporary (Full Time) <input type="checkbox"/> Temporary (Part Time) Until: _____ Until: _____
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Do you have access to a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Citizen, or do you have an entry permit which allows you to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony? If 'yes' please attach a written explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION AND TRAINING

Check the box next to the highest grade or year completed in school: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you have a High School Diploma or GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No Year attained: _____
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Name and Location of High School

Training Beyond High School (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned indicate Q for Quarter Hours and S for Semester Hours.	Check the box next to the number of years in College or University: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Name and Location	Dates Attended		Credits Earned	Major Field	GPA/Base	Degree (and Year) Conferred
	From	To				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service school schools, in-service training, or volunteer work which you feel is **relevant** to the job or jobs for which you are applying. Also include **relevant** licenses or certificates. **Be specific.**

List any organizations you belong to (or have belonged to) and any job related honors or awards you have received:

WORK EXPERIENCE: Provide a complete description. This information will be used to determine your qualifications. **BE SPECIFIC.** Start with your most

recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer	Kind of Business	Street Address	
Your Title	Reason for Leaving	City, State, Zip Code	
Your Duties		Name of Supervisor	
		Total Time Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ _____ <input type="checkbox"/> Hourly Salary Ending: \$ _____	

Employer	Kind of Business	Street Address	
Your Title	Reason for Leaving	City, State, Zip Code	
Your Duties		Name of Supervisor	
		Total Time Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ _____ <input type="checkbox"/> Hourly Salary Ending: \$ _____	

Employer	Kind of Business	Street Address	
Your Title	Reason for Leaving	City, State, Zip Code	
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		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ _____ <input type="checkbox"/> Hourly Salary Ending: \$ _____	

Employer	Kind of Business	Street Address	
Your Title	Reason for Leaving	City, State, Zip Code	
Your Duties		Name of Supervisor	
		Total Time Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		From (Month & Year)	To (Month & Year)
		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ _____ <input type="checkbox"/> Hourly Salary Ending: \$ _____	

May we communicate with your present employer? Yes No
 May we communicate with your past employers? Yes No

PROFESSIONAL REFERENCES: (Please list three business references who have knowledge of your experience and ability.)		
Name	Business Name	Telephone
Name	Business Name	Telephone
Name	Business Name	Telephone
Signature		Date Signed: