



AGRICULTURAL TECHNICIAN

Work Readiness Training

Application



To be eligible for the SUNY Canton CREST “Agricultural Technician” Work Readiness Training Program, applicants must:

- 1) Be currently unemployed.
- 2) Intend to be employed in the agricultural industry.
- 3) Participate in all courses, training, and employment activities for the full duration of the program. *(Absences from training must be approved by the CREST training instructor and be made up on the applicant’s personal time.)*

DO YOU MEET THESE REQUIREMENTS? *(circle one)* **YES** **NO**

Personal and Contact Information

First Name Middle Initial Last Name

Personal Mailing Address

Phone Number *(Please list the best phone number for us to reach you)*

Personal Email Address

Training Dates Requested: _____

Experience, Background, and Skills

1. Please check your educational background: *(check all that apply)*

- High School Diploma or GED
- Associate’s Degree
 - Please list the degree and institution, if applicable: _____
 - _____
- Bachelor’s Degree
 - Please list the degree and institution, if applicable: _____
 - _____

2. Regarding your career, what do you see yourself doing five years from now?

Student Acknowledgement

I, _____, hereby acknowledge the following:

1. I understand that this is a seven-week program and that class will run the first week from 9:00 AM to 4:00 PM with a one-hour lunch break. I understand this is a voluntary program with a selective admissions process.
2. I understand that some agricultural jobs may be very dangerous if one does not fully understand the implications of what he/she is doing.
3. I agree to comply with the safety requirements and directions from instructional staff or employers for the safety of fellow students, instructors, work associates, and me.
4. I understand that I will be provided an opportunity for a paid intern position, which could lead to permanent employment as part of this training program. I understand that permanent employment is not guaranteed as part of my participation in this training.
5. I understand that I am expected to participate 100% in this program and that successful completion is in part based upon my punctuality and attendance. If I must be late or have to miss a day of class, I agree to notify my instructor/coach and request the opportunity to make up any missed classwork. (Only one excused absence will be allowed and tardiness is not acceptable unless extreme circumstances can be substantiated).
6. I understand that there will be assignments, written quizzes, and exams throughout the course. I understand an overall grade of 75 or better is required for successful completion of this program.
7. I understand that I will be contacted via phone and/or email approximately three months, six months, and a year after this program is completed. I agree to provide information about my current employment, salary, job responsibilities, and career goals. This information may be shared with program partners but will not be shared with the employer and will only be used to help improve this program for other future participants.

I have reviewed this application for accuracy and to the best of my knowledge all information provided is accurate.

Student Signature/Date

CREST Signature/Date

One Stop Shop Signature/Date

Employer Signature/Date