



DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

CITYWIDE TRAINING CENTER

APPLICATION

<p><u>CTC USE ONLY</u></p> <p>Input Date: _____</p> <p>Initials _____</p>

TRAINING APPLICANT INFORMATION				
Today's Date: _____				
Last Name			Employee Affiliation: (Check One) <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Non-Government	
First Name		Middle Initial		Office Title
Agency Name			Work Address (Street, Room, Floor, Borough, State)	
Work Phone		Work Fax	Work E-Mail Address	Home E-Mail Address (Required for CEU transcript request)
Zip Code				

OPTIONAL APPLICANT INFORMATION				
Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (Check One) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/> Unknown <input type="checkbox"/> Other, please specify _____		

SELECTED COURSE INFORMATION					
Course Code	Course Title	Level	Course Date(s)	# Days	Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Revised 2/5/2007

Please fax your completed application to the Capacity Building and Oversight Unit at the Mayor's Office of Contract Services: (212) 788-0093, or mail to 253 Broadway, 9th Floor, New York NY 10007. Call (212) 788-0001 with any questions.