



# CAPITAL'S CAREER ADVANCEMENT PROGRAM

## Application Packet

Due: April 19, 2018

First:		Last:	
Banner ID:	Email:		
Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Major:	GPA:	Graduation Date:	

**VERIFY THAT COMPLETED APPLICATION PACKAGE INCLUDES:**

- Program Application
- Resume
- Unofficial Transcript
- Course Requirements for Major (Degree Evaluation)
- Essay (Writing Sample)
- Instructor Recommendation (from Major) or Other Letter of Reference
- Instructor Recommendation (any discipline) or Other Letter of Reference

***FOR PROGRAM STAFF ONLY***

Application Received:	Pell Grant eligible:    Yes    No
Interview Coaching Session #1:	Interview Coaching Session #2:
Writing Sample Session:	Other:
Interview Site/Date:	Alt. Interview Site/Date:
Comments:	



# CAPITAL'S CAREER ADVANCEMENT PROGRAM

## Application Agreement

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As a participant in any one of Capital's Career Advancement Programs (CCAP), it is important that you have a strong commitment to your education and future career goals. This program will provide you with an opportunity to gain invaluable hands-on experience in the business world while providing support mechanisms to help you succeed academically and professionally. In return, you are agreeing to make a strong commitment to the program and to your own success. This commitment includes your agreement to the following:

- Monthly meetings with the CCAP Program Coordinator (1:1)
- Monthly team meetings with the CCAP Program Coordinator (cohort meetings)
- Monthly meetings with your assigned Academic Mentor
- Maintaining a cumulative GPA of 3.0 or higher
- Attending all scheduled program activities (professional development trainings, meet and greet functions, etc.)
- Adhering to all CCAP requirements and standards. Failure to do so may result in your dismissal from the program. If you are terminated or resign from the program before successful completion, you will be ineligible for any other program opportunities under CCAP's direction

By submitting this application, you acknowledge and agree that all materials submitted to Capital's Career Advancement Program (CCAP) will be shared with those companies and organizations who will be reviewing the applicants for their program(s).

In addition, you acknowledge your awareness that your submitted writing sample/essay will be evaluated by college staff as part of the completed package.

CCAP opportunity applied for:

- ~~\_\_\_\_\_ Aetna Internship~~
- ~~\_\_\_\_\_ Travelers EDGE~~
- ~~\_\_\_\_\_ United Healthcare Internship~~
- \_\_\_\_\_ The Hartford Insurance Apprenticeships (Earning While Learning)

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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



# CAPITAL'S CAREER ADVANCEMENT PROGRAM

## Program Application

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Complete all fields.

First:		Last:	
Banner ID:	Email:		
Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	

### RESIDENCE INFORMATION

- Yes, I certify I am a legal resident of Connecticut.
- No, I am not a legal resident of Connecticut. State of legal residence: \_\_\_\_\_

### CITIZENSHIP

Are you eligible to work in the United States (US citizen or Green Card)?  Yes  No

### WORK HISTORY (attach separate page if necessary or provide resume)

Employer	Job Title	Dates of Employment

List hobbies, special interests, and/or clubs you are involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cumulative GPA:	<del>Past Semester GPA:</del>
Degree Program (Major):	<del>Credits Earned to Date:</del>
CCC Graduate date (Mo/Year): *	Pell Grant eligible: <del>Yes</del> <del>No</del> _____
Expected 4-Year College:	Major:

\*Applicants must be Associate Degree holders from Capital Community College to qualify for CCAP.

NAME \_\_\_\_\_

**Have you taken the following courses and received a grade of C or better?**

- MATH 137 (Intermediate Algebra)       Yes       No       In Progress  
ENG 101 (English Composition)       Yes       No       In Progress  
CSA 105 (Intro. to Software Applications)       Yes       No       In Progress

**Are you available to participate in the following paid internship activities?**

- Summer 2018 Semester: 40 hours per week       Yes       No  
Fall 2018 Semester: 10 - 20 hours per week       Yes       No  
Spring 2019 Semester: 10 - 20 hours per week       Yes       No

**LIST ALL PRIOR COLLEGES ATTENDED** (Attach separate page if necessary)

College	Location	Dates Attended

Have you earned a degree and/or certificate from any prior college?  Yes  No

If yes, please list the degrees/certificates and dates received below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature certifies that the application and resume have been prepared by me and are complete and accurate. I authorize Capital Community College to release any information as needed to participating companies to assess my eligibility for the CCAP program. I understand finalists will apply to the company and must meet employment requirements, including a background investigation and submission of official college transcripts to be officially accepted into the CCAP program.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# CAPITAL'S CAREER ADVANCEMENT PROGRAM

## Program Application (continued)

Print and complete all fields.

**NAME:** \_\_\_\_\_

Please provide the following race and ethnic data. This information is required on a voluntary basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect admission to Capital's Career Advancement Program.

### ETHNICITY

- Hispanic or Latino
- Non-Hispanic/ Non-Latino
- Choose not to respond (none)

### RACE

- African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- White
- Other \_\_\_\_\_
- Choose not to respond

## GOAL STATEMENT

This page is a placeholder for your goal statement.

### Format of Writing Sample/Goal Statement:

New Times Roman font

12-point font, double spaced lines,

Name-Date-Goal Statement Title @ top right  
hand of page

No more than 300 words

### Topic:

Describe your educational and career goals. Include your reasons for applying and your commitment to completing The Hartford Apprenticeship Program

Professors, please return completed form to John Thomas in room 314E.

Thank you.

## Student Recommendation #1 (Major)

### STUDENT INFORMATION

Student Name					
Course CRN			Course Name		
Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Winter	Year	Grade Issued

### INSTRUCTOR EVALUATION

Based on your experience with the student in your content area, how would you rate the student in the following areas? Please use the comment area if necessary.

Please use the following scale: 5 (Excellent) 4 (Very Good) 3 (Average) 2 (Below Average) 1 (Poor)

<b>MOTIVATION</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>CONSISTENCY</b> (i.e. attendance, preparation, work performance)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>ABILITY</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>WRITTEN COMMUNICATION</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>ORAL COMMUNICATION</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					

**STUDENT RATING**

Where would have rated this student in your class?  Top 10 %  Top 20%  Top 50%

**RECOMMENDATION FOR INTERNSHIP PROGRAM**

Would you recommend this student for admission into the C3 internship program? Choose from one of the selections below and offer support for your recommendation.

<input type="checkbox"/> I would highly recommend this student with no reservations.
Comments
<input type="checkbox"/> I would recommend this student with some reservations.
Comments
<input type="checkbox"/> I would not recommend this student.
Comments

**INSTRUCTOR CONTACT INFORMATION**

Instructor Name	
Email	Office Phone

**X**  
\_\_\_\_\_





**CAPITAL'S  
CAREER  
ADVANCEMENT  
PROGRAM**

GREATER HARTFORD'S  
TALENT PIPELINE

Professors, please  
return completed form  
to John Thomas in  
room 314E.

Thank you.

## Student Recommendation #2 (General)

### STUDENT INFORMATION

Student Name					
Course CRN			Course Name		
Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Winter	Year	Grade Issued

### INSTRUCTOR EVALUATION

Based on your experience with the student in your content area, how would you rate the student in the following areas? Please use the comment area if necessary.

Please use the following scale: 5 (Excellent) 4 (Very Good) 3 (Average) 2 (Below Average) 1 (Poor)

<b>MOTIVATION</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>CONSISTENCY</b> (i.e. attendance, preparation, work performance)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>ABILITY</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>WRITTEN COMMUNICATION</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					
<b>ORAL COMMUNICATION</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Comments					

### STUDENT RATING

Where would have rated this student in your class?  Top 10 %  Top 20%  Top 50%

### RECOMMENDATION FOR INTERNSHIP PROGRAM

Would you recommend this student for admission into the C3 internship program? Choose from one of the selections below and offer support for your recommendation.

<input type="checkbox"/> I would highly recommend this student with no reservations.
Comments
<input type="checkbox"/> I would recommend this student with some reservations.
Comments
<input type="checkbox"/> I would not recommend this student.
Comments

### INSTRUCTOR CONTACT INFORMATION

Instructor Name	
Email	Office Phone

**X**

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