

**Columbia-Montour Area Vocational-Technical School
Occupational Advisory Committee (OAC)
Application for Membership**

Applicant's Name: _____

Career & Technical Area: (Please check mark the program for which you are applying.)

- | | | |
|--------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Automotive Repair/Refinishing | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Health Professionals & Related Clinical Sciences |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Drafting & Design Technology | <input type="checkbox"/> Horticulture/Floriculture |
| <input type="checkbox"/> Building Trades Maintenance | <input type="checkbox"/> Electrical Occupations | <input type="checkbox"/> HVACR |
| <input type="checkbox"/> Carpentry/Construction | <input type="checkbox"/> Electronics Technology | <input type="checkbox"/> Machine Technology |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Food Preparation & Service | <input type="checkbox"/> Printing Technology |
| <input type="checkbox"/> Cooperative Education | <input type="checkbox"/> Health Science | <input type="checkbox"/> Welding Technology |

Applicant's Home Address:

Applicant's Home Phone Number:

Applicant's E-mail Address:

Applicant's Place of Work and Address:

Applicant's Work Phone Number:

Applicant's Work History: (Please list the 3 most recent job experiences related to your field of expertise.)

Place of Work	Position	Years in that Position	Duties/Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Applicant's Signature	_____ Date
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Approved for Recommendation by Director?	_____ YES	_____ NO	Date: _____
Accepted by JOC?	_____ YES	_____ NO	Date: _____