

# Loring Job Corps Center

Advanced Training

CISCO Cyber Security Operations



## Application Package

Dear Applicant:

We are pleased you are considering attending the Loring Job Corps Center's Advanced CISCO Cyber Security Operations Program. Your instructor, counselor, and/or CTS staff will assist you in completing this application.

In order to qualify for our program you must have fulfilled the following prerequisites:

- High School Diploma (HSD) or High School Equivalency (HSE)
- Basic Information Technology Trade Completer with Primary Credential of A+, Net+ CCENT, CCNA, Security + or similar certification
- Valid Driver's License
- TABE EFL Scores of 6 in Literacy and 6 in Numeracy
- Positive attendance and positive progress reports
- At least 10 months of remaining Job Corps eligibility
- At least 18 years of age

The AT application should be electronically completed and submitted via email with appropriate attachments to [milton.karen@jobcorps.org](mailto:milton.karen@jobcorps.org). If you have questions regarding your submission, please contact Mrs. Milton directly at (207) 328-4710.

- The electronic AT Application must be submitted from a staff member's Job Corps email account only to ensure compliance with student PII.

If you have technical questions about the Advanced Cisco Cyber Security Operations, please contact the Instructor, Jason Chasse directly. [chasse.jason@jobcorps.org](mailto:chasse.jason@jobcorps.org); (207) 328-4014.

**\*\*\*PLEASE NOTE:** *The Medical Summary Checklist must be completed, printed, and submitted as a hard copy via U.S. Mail to the address listed on the 1<sup>st</sup> page of the Medical Summary Checklist.*

Communication regarding your application and/or acceptance will be communicated to the person listed as the Transfer Coordinator that you list on the Sending Center Contact Information page.

Once again, we are glad you are interested in us as your next step towards success. In addition, feel free to take a virtual tour of the Center by viewing the following link: <https://loring.jobcorps.gov>.

Sincerely,

Kristie Moir  
Center Director



## Applicant Information

Last Name:		First Name:		sID#:	
Sending Center:			Date of Enrollment:		

## Commitment of Completion

I, \_\_\_\_\_, acknowledge upon my acceptance into Loring Job Corps Center's Advanced CISCO Cyber Security Operations Program, I commit to completing the Advanced Training Program. I understand that my decision to accept the invitation to Advanced Training is voluntary and I will adhere to all the policies and procedures administered by Loring Job Corps Center.

\_\_\_\_\_  
Applicant's Electronic Signature

\_\_\_\_\_  
Date

## Document Checklist/Center Director Approval

Please ensure that all requested documents are submitted with this application. Any missing or incomplete documents will delay the reviewing process. Please \*email\* everything but the Medical Records Summary to Karen Milton at [milton.karen@jobcorps.org](mailto:milton.karen@jobcorps.org)

- ☐ Applicant Information & signed Commitment of Completion
- ☐ **PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO THE EMAIL:**
  - ☐ CIS Student Profile/ETA 6-40 (current)
  - ☐ Typed Personal Essay stating why you want to attend Advanced Training at Loring Job Corps Center, your educational goals, and your career goals
  - ☐ Updated Resume
  - ☐ Student CTT Credentials Report from the E-TAR module
  - ☐ Copy of Credential(s)
  - ☐ Student Conduct Profile (full length of enrollment)
  - ☐ Case Notes (full length of enrollment, print "List Detail")
  - ☐ 3 most recent Performance Evaluations
  - ☐ Clothing History Report
  - ☐ Copy of Social Security Card
  - ☐ Copy of Birth Certificate
  - ☐ Copy of Driver's License
- ☐ [Sending Center Contact Information sheet](#)
- ☐ [Medical Records Summary \(printed, signed, and placed in a sealed in a confidential envelope to be mailed via FedEx or UPS, signature required – please send BOLO email with tracking number\)](#)

I certify that \_\_\_\_\_ meets the eligibility criteria for advanced transfer to Loring Job Corps Center and I approve this application without hesitation.

\_\_\_\_\_  
Center Director's Electronic Signature

\_\_\_\_\_  
Date



## SENDING CENTER INFORMATION SHEET

Sending Center Contact Information (staff fill this in legibly)					
Staff Name	Office #	Fax#	Cell #	Email	I support this student's AT application.
Transfer Coordinator (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
Career Counselor (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
Counseling Manager (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
Center Standards Officer (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
Residential Manager (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
CTT Manager (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
Records Manager (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
Wellness Manager (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO
Center Director (Name)					<input type="checkbox"/> YES <input type="checkbox"/> NO

***If you have any questions or require additional information, please contact Karen Milton, Student Records/Data Integrity Manager, via email listed above or telephone at (207) 328-4710.***

