Heavy Equipment Technology Program

A Partnership between
Wilco Area Career Center & ASIP Local 150 Operating Engineers

APPLICATION

Items to be submitted:

- ☐ Application
- ☐ High School Transcript recommended 2.5 GPA
- ☐ Proof of Attendance documenting 95% attendance rate
- ☐ 2 Faculty Recommendations (1 CTE instructor, 1 other teacher/counselor/administrator)
- ☐ Recommended completion of 1 Industrial CTE course

Only seniors for the upcoming school year are eligible to apply.
Students must pass a drug test which will be administered by ASIP Local 150 Operating Engineers.

Due Date:

February 6, 2026

The heavy equipment technology program provides equal opportunities to all people without regard to age, gender, disability, marital status, race, color, creed, national origin or religion.

Student Application
Heavy Equipment Technology

A Partnership between
Wilco Area Career Center & ASIP Local 150 Operating Engineers

Name _____ Date _____
(Last) (First) (MI)

Home Address _____
(Street) (City) (Zip code)

Date of Birth _____ Home Phone _____

Parent Cellphone: _____ Student Cellphone: _____

Home School: _____ Student Email: _____

Parents or Guardian:: _____ Parent Email: _____

Current Year Courses (Including both semesters)

Career & Technical Courses	1st Semester Grade	Current Grade	Teacher
Other Courses			

Please attach a copy of your high school transcript.

What are your career goals? _____

_____

What are your post-secondary educational plans? _____

_____

_____

December 3, 2025

Have you applied to, been accepted by, or plan to apply to a post-secondary educational institution? _____Yes _____No

If yes, name of Institutions (s) and major

Institution	Major Area of study
_____	_____
_____	_____

Why are you interested in participating in the heavy equipment technology program? (Additional space may be used to complete your answer.)

Do your parents know of your interest in the program? _____Yes _____No

In making this application, I accept responsibility for maintaining eligibility and for following the established rules for participation. I certify that all the statements made above by me, in this application, are true, complete, and correct to the best of my knowledge, and I am aware that any false statements will be sufficient cause for dismissal from the program. Unless notified in writing by the student's parent/guardian stating that they do not wish their child's picture to be used for public use, pictures taken of students may be placed in publications, displays, or presentations. This includes, but is not limited to, videos, computers, websites, or articles placed in newspapers. I am also aware that the student must pass a drug test that will be administered by ASIP Local 150 Operating Engineers.

_____ _____

Student Signature Date

_____

Student (printed name)

I consent to _____ (student name) participating in the heavy equipment technology program at ASIP Local 150 Operating Engineers.

_____ _____

Parent or Guardian Date

Heavy Equipment Technology Program

First Semester Attendance Record

Must be completed by school personnel
(To accompany Application Form)

Student _____

School _____

Number of days in 1st Semester _____

Number of full days attended _____

Number of partial days attended _____

Please explain partial days if in excess of 5: _____

_____

_____

_____

_____

_____ _____

Signature of school personnel completing form | Title

_____

Date

December 3, 2025

WILCO-ASIP LOCAL 150
HEAVY EQUIPMENT TECHNOLOGY PROGRAM
Faculty Recommendation

Student Name_____

This student has applied for participation in the Wilco-ASIP Local 150 Operating Engineers Heavy Equipment Technology Program. Would you help in the selection process by providing the following information about this student?

Teacher Name_____

In what capacity do you know the student?_____

_____

Please rate this student on the following areas:

5=Superior 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory

Category	Excellent	Above Average	Average	Below Average	Unsatisfactory
Reliability					
Leadership					
Industriousness					
Knowledge of Subject Matter					
Getting Along with Others					

_____ Attitude: Comments:

_____ Motivation: Comments:

_____ Desire to Succeed: Comments:

Why should this student be considered for the Heavy Equipment Technology Program?

_____ _____

Faculty Signature Date

December 3, 2025

WILCO AREA CAREER CENTER

500 Wilco Blvd
Romeoville, IL 60446

PHYSICAL EXAM FORM

To be completed by the student:

Name_____ Home School_____

Address_____
Street City State Zip

Phone #_____

E-mail address _____

Birthdate_____ Age_____

Person to notify in case of emergency:

Name_____

Phone#_____

Relationship_____

Family Physician_____

Phone_____

Address_____

Immunizations:

Tuberculosis skin test: #1.Date given:_____ Date read/reaction: _____
(2-step Mantoux) #2.Date given:_____ Date read/reaction: _____

Documentation of a 2-Step TB Mantoux test is required prior to the start of the program. The second Mantoux test must be administered within 7-21 days of the first test if the reaction to the initial test is negative. A single-step Mantoux is adequate if a 2-step Mantoux was done within the past year.
TB Tine test is not accepted. If a student has a recorded positive Mantoux, a chest X-ray is required.

*Reaction to test should be read within 48-72 hours by the administering facility.

PHYSICIAN: In the section below, denote whether area is within normal limits (WNL) or abnormal. Record details in the remarks section.

WNL	ABNORMAL	
_____	_____	General Appearance
_____	_____	Eyes (Include lids, pupils, fundi, EOM)
_____	_____	Nose
_____	_____	Mouth
_____	_____	Throat (Include pharynx, tonsils)
_____	_____	Teeth and Gums
_____	_____	Neck (Include carotids and thyroid)
_____	_____	Lymph Nodes (cervical axillary, inguinal, epitrochlear)
_____	_____	Chest and lungs
_____	_____	Heart (Size, rhythm, murmur, quality of tones, thrill)
_____	_____	Abdomen (appearance, liver, spleen, scars, mass, tenderness)
_____	_____	Hernia (umbilical, inguinal, femoral, incisional)
_____	_____	Extremities (Feet, edema, pulses, ROM, deformity)
_____	_____	Skin
_____	_____	Rectal
_____	_____	Pelvic
_____	_____	Back (attention to list, pelvic, tilt, scoliosis, ROM)
_____	_____	Neurological (Include reflexes)

Explain any checks in the abnormal section. (Note asthma or diabetes):

Student is able to participate in all aspects of the course without restrictions.

Physician Signature:_____ Date:_____

Physician name printed:_____

Adress: _____

Phone #_____