

# **Cincinnati Manufacturing Certificates (CMC)**

## **Application Procedures - Program Guidelines**

Cincinnati Manufacturing Certificates (CMC) training uses the national training and certification curriculum developed by the Manufacturing Skill Standards Council (MSSC). MSSC Certifications are one of 5 national credentials endorsed by the National Assoc of Manufacturers and recognized by leading corporations across the US. MSSC production technician certifications are portable and show HR managers at a glance that you are a qualified technician. MSSC Certifications increase access to promotions, pay, and job security.

CMC offers a 140 hour MSSC Certification Course delivered by MSSC certified instructors. Training is offered at no cost and located on bus lines in Cincinnati with free parking. Upon successful completion, graduates will obtain MSSC Certifications in:

1. Production Processes
2. Maintenance Awareness
3. Quality & Continuous Improvement
4. Safety.

CMC will match all graduates with companies hiring manufacturing technicians for job interviews.

### **Applying for CMC Training:**

Please complete the entire application.

All applicants are required to take the WorkKeys assessments.

1. Applied Mathematics
2. Locating Information
3. Reading for Information

**Applicants must score at least a level 4 Math, Reading, and Locating Information to be eligible for CMC Training.**

WorkKeys testing and tutoring is available through CMC. See your CMC representative about current dates for both.

### **Please return all completed applications to:**

Cincinnati Manufacturing Certificates  
CHCCAA  
1740 Langdon Farm Rd  
Cincinnati Oh 45237  
Fax 513-569-4368

### **Cincinnati Manufacturing Certificates (CMC) Guidelines**

1. All trainees, staff, instructors, employers, and associates of CMC are to be treated with complete respect.
2. CMC training has a present income eligibility requirement of no more than 125% of the federal poverty guideline per household.
3. All trainees will be provided with a \$100.00 stipend, after obtaining and verifying your new job, for transportation & other necessary costs.
4. All trainees are required to come prepared to training sessions including arriving alert and ready to learn with all materials and supplies.
5. All trainees are required to attend and be on time to all training sessions.
6. Because CMC is required to account for all training hours, all trainees are asked to sign in for training sessions.
7. No threats, repeated foul language, use or possession of drugs, alcohol, or weapons of any kind are allowed.
8. No cell phones or other electronic devices other than those used for the MSSC training can be used during training.
9. Providing false information to CMC is immediate grounds for dismissal.



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CMC is brought to you by the Cincinnati Hamilton County Community Action Agency.

Thank you for your interest in CMC and becoming part of the advanced manufacturing workforce! CMC is supported by the Ohio Office of community Services.



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## Application for MSSC Training

**Please ensure you have read the application procedures and course invitation before applying for CMC courses.**

|  |  |        |                                 |   |             |                      |      |        |        |  |
|--|--|--------|---------------------------------|---|-------------|----------------------|------|--------|--------|--|
|  |  |        |                                 |   |             |                      |      |        |        |  |
| Last Name:   |  |        |                                 |   | First Name: |                      |      |        | Date:  |  |
| Where did you hear about this training?  |  |        |                                 |   |             |                      |      |        |        |  |
| <b>Please fully complete the form. Incomplete applications will be returned.</b> |  |        |                                 |   |             |                      |      |        |        |  |
| Mr/Mrs/Ms/other  |  |        |                                 | <b>Name: (as it should appear on your certificates)</b> |             | BLOCK LETTERS ONLY : |      |        |        |  |
| Short name you wish to be addressed by:  |  |        |                                 |   |             |                      | Male |        | Female |  |
| Date of Birth:   |  |        | Social Security (Last Four #s): |   |             |                      |      |        |        |  |
| Number in Household:   |  |        | WorkKeys Score/Level:           |   |             |                      |      |        |        |  |
| Address:   |  |        |                                 |   |             |                      |      |        |        |  |
| City/State/Zip:  |  |        |                                 |   |             |                      |      |        |        |  |
| Your personal contact  |  | Phone: |                                 |   | Cell        |                      |      | Email: |        |  |
| <b>Manufacturing Experience</b>  |  |        |                                 |   |             |                      |      |        |        |  |
| <b>Most Recent Company/Position(s)/Years of Employment:</b>                      |  |        |                                 |   |             |                      |      |        |        |  |
|  |  |        |                                 |   |             |                      |      |        |        |  |
| <b>Next Company/Position(s)/Years of Employment</b>                              |  |        |                                 |   |             |                      |      |        |        |  |
|  |  |        |                                 |   |             |                      |      |        |        |  |
| <b>3<sup>rd</sup> Company/Position(s)/Years of Employment</b>                    |  |        |                                 |   |             |                      |      |        |        |  |
|  |  |        |                                 |   |             |                      |      |        |        |  |
| <b>Machines Operated:</b>  |  |        |                                 |   |             |                      |      |        |        |  |
| Attendance History:  |  |        |                                 |   |             |                      |      |        |        |  |
| Achievements - Recognitions/Awards, Other:                                       |  |        |                                 |   |             |                      |      |        |        |  |
| Other Employment:  |  |        |                                 |   |             |                      |      |        |        |  |
| <i>What are your goals for your career and/or in the manufacturing field?</i>    |  |        |                                 |   |             |                      |      |        |        |  |
| 1.   |  |        |                                 |   |             |                      |      |        |        |  |
| 2.   |  |        |                                 |   |             |                      |      |        |        |  |
| 3.   |  |        |                                 |   |             |                      |      |        |        |  |

|   |    |
|---|----|
| How can CMC training and certifications help you reach those goals? |    |
|   |    |
| Proof of income: (documents attached) Yes                           | No |
| Barriers: (Ex-offender/Transportation/No HS,GED, other)             |    |
| 1.  |    |
| 2.  |    |
| 3.  |    |
| Below - Staff Use Only:   |    |
|   |    |
|   |    |
| Notes:  |    |
|   |    |
|   |    |
|   |    |

|   |                         |  |                        |  |
|---|-------------------------|--|------------------------|--|
| Class Start Date:                                       |                         |  |                        |  |
| <b>All the rows below are for CMC Official use only</b> |                         |  |                        |  |
|   | Acceptance letter/date: |  | Rejection letter date: |  |
| <b>Stipend</b>  | Date:                   |  | Date:                  |  |
|   |                         |  | Other comments:        |  |
|   |                         |  |                        |  |



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