

APPLICATION FOR SERVICE

Career T.R.A.C.K.

A. BACKGROUND INFORMATION

- A1. Name: _____
Last First MI
- A2. Maiden Name: _____
- A3. Address: _____
- A4. City/State/Zip: _____
- A5. County: _____
- A6. Phone: _____
- A7. E-mail: _____
- A8. Date of Birth: _____
- A9. U.S. Citizen? Yes No
- A10. Social Security Number: _____
- A11. Selective Service Registrant Status: If you are a male born after 12/31/1959, have you registered for the draft?
 Registered Not Registered N. A.
- A12. Gender: Male Female
- A13. Marital Status: Single Separated
 Married Divorced
- A14. Are you willing to relocate in order to attend school/training or to obtain employment?
 Yes No
If yes, how far are you willing to move? _____
- A15. How far are you willing to travel for employment/training?

- A16. Military History:
- Branch: _____
- Entry Date (mm/dd/yyyy): _____
- Exit Date (mm/dd/yyyy): _____
- Discharge Status: _____

B. CONTACTS

(Please list two individuals--*not living with you*--who will know how to contact you if you move.)

- B1. Name: _____
Phone: _____
- B2. Name: _____
Phone: _____

C. EDUCATION/TRAINING

- C1. Highest Grade Completed: (circle one)
5 6 7 8 9 10 11 12 GED Certification
Other _____
- C2. What type of program were you enrolled in during high school?
 General Business
 Academic Vo-Tech
 Learning Disabled Special Education
 Other: _____
- C3. List Schools Attended:
- (1) High School: _____
Diploma/Date Earned: _____
- (2) Post High School: _____
Degree/Date Earned: _____
- C4. List any current certifications you possess:
- (1) Certificate: _____
Institution: _____
- (2) Certificate: _____
Institution: _____

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D. EMPLOYMENT EXPERIENCE (List most recent first.)

D1. Employer: _____

Dates of Employment:

____ / ____ / ____ to ____ / ____ / ____

City/State: _____

Job Title: _____

Number of Hours per Week: _____

Rate of Pay: _____

Reason for Leaving: _____

Describe Job Duties: _____

D2. Employer: _____

Dates of Employment:

____ / ____ / ____ to ____ / ____ / ____

City/State: _____

Job Title: _____

Number of Hours per Week: _____

Rate of Pay: _____

Reason for Leaving: _____

Describe Job Duties: _____

E. FAMILY MEMBERS (LIST ANY PERSONS RESIDING IN YOUR HOME WHO ARE RELATED TO YOU BY BLOOD, MARRIAGE OR ADOPTION).

Name	Age	Relationship
E1.	_____	SELF
E2.	_____	_____
E3.	_____	_____
E4.	_____	_____
E5.	_____	_____
E6.	_____	_____

E7. List the **GROSS** income received by each family member for the last six months including wages, social security, pension, worker's comp, severance pay, alimony etc. Do NOT list cash assistance, unemployment compensation, or child support.

MEMBER	PREVIOUS SIX MONTH INCOME	SOURCE OF INCOME
Self		
Spouse		
Other		

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F. STRENGTHS/NEEDS ANALYSIS

LIFE SITUATION – Do you have...?

Yes No Comments:

Adequate Housing/Shelter.....			Method: Method: Method:
Adequate Utilities (Electric/Gas/Water).....			
Adequate Food/Clothing			
Transportation to Attend Assessment.....			
Transportation to Attend Training			
Transportation to Commute to Employment			
A Valid Driver’s License.....			

FINANCIAL SITUATION

Yes No Comments:

Are you able to meet your monthly bills?.....			
Are you receiving financial counseling?			
Are you a dependent?.....			
Is anyone assisting you with household expenses?			
Are you in default of a loan?			

FAMILY SITUATION – Do you have...?

Yes No Comments:

Family Moral Support.....			
Family Financial Support			
Friend Moral Support.....			
Adequate Childcare to Attend Assessment.....			
Adequate Childcare to Attend Training.....			
Adequate Childcare to Maintain Employment.....			
Past/Current Domestic Abuse.....			

PERSONAL HEALTH ISSUES – Do you have...?

Yes No Comments:

Adequate General Health			
Adequate Dental Health			
Adequate Optical Health			
Medical/Health Insurance.....			
Prescription Medications			
Current Problems with Substance Abuse			
Current Problems with Chronic Illness			
Current Problems with Recent Injury/Illness.....			
Current Problems with Serious Allergies			
Current Problems with Mental Health.....			
Current Problems with Family Relationships.....			

DO YOU HAVE ANY LIMITATIONS IN...?

Yes No Comments:

Standing			
Sitting.....			
Bending.....			
Lifting			
Other			

LEGAL ISSUES

Yes No Comments:

Criminal Record.....			
Probation Record			
Suspended Driver’s License			
Wage Garnishment.....			
Child Support/Custody.....			
Pending Litigation.....			

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G. SOCIAL SERVICE AGENCY INVOLVEMENT

G1. Please check all agencies with which you are currently involved.

- | | |
|--|---|
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> OVR |
| <input type="checkbox"/> State Health | <input type="checkbox"/> Children & Youth |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Domestic Relations |
| <input type="checkbox"/> MH/MR | <input type="checkbox"/> Job Center/Career Link |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Protection from Abuse | <input type="checkbox"/> Other _____ |

G2. What type of public assistance are you eligible and/or receiving?
(Please check all that apply.)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Cash Assistance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medical Card |
| <input type="checkbox"/> SSI | |

H. LEARNING STYLE

H1. Do you think/know that you have a learning problem?
 Yes No

H2. If yes, explain: _____

H3. Was that problem identified in school?
 Yes No

K. APPLICANT CERTIFICATION

I certify that the information provided on this form is true and correct to the best of my knowledge. I am also aware that the information I have provided is subject to review, and I allow release of this information for verification purposes. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment.

Signature of Applicant

Date

I. RELEVANT EXPERIENCE (Complete all that apply)

I1. List experience with tools and equipment: _____

I2. List any special skills: _____

I3. Computer Skills and Experience: _____

I4. Volunteer Service: _____

J. TRACKING INFORMATION

J1. Referred by: _____

J2. Interested in: _____ Classroom Training
_____ On-the-Job Training
_____ Youth Programs
_____ GED/Adult Basic Education

Other (specify) _____

J3. Are you enrolled on the CareerLink? _____