

GOODWILL COMMUNITY EDUCATION APPLICATION

Program: Culinary _____ Automotive _____ Care Giver _____

Full Legal Name:

Last Name _____ First Name _____ Middle Name _____

Date of Birth: ____/____/____ Age: ____ Gender: ____ Marital status _____

Current Address: _____

City _____ ZIP CODE: _____

Telephone: Home: _____ Cell: _____

Email address: _____

Race _____ Hispanic_ Yes ____ No ____

Are you a veteran? Yes ____ No ____

Are you a U.S. Citizen? Yes ____ No ____

Are you a direct family member of a U.S. Veteran? Yes ____ No ____

A. Disability Status

Do you have a disability that substantially limits your employment activities? Yes ____ No ____
(Examples: Mental Illness, Physical Disability, Developmental/Learning Disability). Please explain

B. Housing

What is your current living situation?

- ____ Own/rent your own apt/ house
- ____ Transitional housing (specify): _____
- ____ Permanent subsidized housing: _____
- ____ Relative's home: _____
- ____ Friend / Other, Explain: _____

Do you have a driver's license? Yes ____ No ____

D. Income

Do you have any of the following sources of income or a pending application? Please complete the chart below. Please note that your participation in the program is not based on income. However, many of our funders want to know what type of individuals we are serving. We only share income information with them in the aggregate, not for you specifically.

	Check if you are receiving:	Amount:	Duration & reason/explanation
SSI/SSDI			
Social Security			
Veterans Benefits			
Food Stamps			
TANF			
Child Support			
Wages			
Self-employment			
Unemployment			
Other income			

How many people live in your household (including you)?

How did you hear about this Program? _____

PERSONAL HISTORY

A. Educational History

Please list your highest level of education:

_____ Less than High School	_____ High School/GED
_____ Vocational Training	please list type of training: _____
_____ Some College	_____ Associates of Arts/Sciences
_____ Bachelor's	_____ Other (specify)

Please list any credentials you have acquired: _____

B. Legal History

Have you **ever** been convicted of a misdemeanor or felony? Yes ___ No ___ If **yes**, please explain:

C. Health History

Do you currently see a physician for any significant medical concerns? Yes ___ No ___

Please explain: _____

D. Employment History- Please list your work experience starting with the **last** job you held.

<u>Name of Employer:</u>	<u>Supervisor's Name:</u>	<u>Employment dates:</u>	<u>Pay or salary:</u>
City, State, Zip:		From:	Start:
Phone No:		To:	Final:
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company			

<u>Name of Employer:</u>		<u>Employment dates:</u>	<u>Pay or salary:</u>
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company			

Give **details** of any **related** experience you have had that are not listed above:

Do you have a current resume? Yes _____ No _____

Are you comfortable completing a job application on-line? Yes _____ No _____

Would you like some assistance sharpening your interview skills? _____ Yes _____ No

What have been the main challenges in your life recently **and how have you dealt with them?**

G. GOALS/EXPECTATIONS

Why are you applying to this training program?

What are your career goals?

Why should you be selected for this program?

Applicant's signature: _____ Date: _____ / _____ / _____