

GOODWILL COMMUNITY EDUCATION APPLICATION

Program: Culinary _____ **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 direct family member of a U.S. Veteran? Yes ____ No ____

A. Employment Barriers Assessment

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

Do you have stable housing at this time? Yes ____ No

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

Have you ever been convicted of a misdemeanor or felony? Yes ____ No ____

B. Income

What is your estimated monthly income? _____

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

How did you hear about this Program? _____

PERSONAL HISTORY

C. 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: _____

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

<u>Name of Employer:</u>		<u>Employment dates:</u>	
City, State:		From:	
		To:	
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:			

Name of Employer:		<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

E. GOALS/EXPECTATIONS

Why are you applying to this training program?

What are your career goals?

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