

**GOODWILL COMMUNITY EDUCATION APPLICATION**

Full Legal Name:

\_\_\_\_\_

Last Name	First Name	Middle Name
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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Marital Status: \_\_\_\_

Current Address: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email address: \_\_\_\_\_

Race/Ethnicity\* \_\_\_\_\_ \* Optional

Are you a 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 secure place to live for the next 3 months? 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.

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

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  
\_\_\_\_\_ Vocational Training  
\_\_\_\_\_ Some College  
\_\_\_\_\_ Bachelor's

\_\_\_\_\_ High School/GED  
please list type of training: \_\_\_\_\_  
\_\_\_\_\_ Associates of Arts/Sciences  
\_\_\_\_\_ 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:

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**C. Health History**

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

Please explain: \_\_\_\_\_

Please list **ALL** medications you are currently taking & the reasons for taking them:

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**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:

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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?**

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**G. GOALS/EXPECTATIONS**

Why are you applying to this training program?

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What are your career goals?

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Why should you be selected for this program?

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Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_