

GOODWILL COMMUNITY EDUCATION APPLICATION

Program: Culinary _____ **Care Giver** _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth: _____ Age: _____ Gender: _____

Current Address: _____

City _____ ZIP CODE: _____

Telephone: _____ Email address: _____

Race _____ Hispanic_ Yes _____ No _____

Are you a veteran? Yes _____ No _____

Do you have a disability that will require accommodation during class? Yes _____ No _____
Please explain if yes

What is your estimated monthly household income? _____

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

How did you hear about this Program? _____

Please list your highest level of education:

_____ Less than High School	_____ High School/GED
_____ Vocational Training	_____ Some College
_____ Associates of Arts/Sciences	_____ Bachelor's

Do you have a current resume? Yes _____ No _____

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

Applicant's signature and date