



Date: \_\_\_\_\_

**Personal Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Former Name (If Applicable): \_\_\_\_\_

Gender:  Male  Female      Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Pronouns:                       he/his                       she/her                       they/their

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

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

Phone: \_\_\_\_\_                       Cell                       Home                       Work

Alternative Phone: \_\_\_\_\_

Are you okay with receiving text messages?                       Yes                       No

**Ethnicity:**

Hispanic or Latino:     Yes     No

**Race:**

- American Indian or Alaska Native                       Asian
- Black or African American                                       White
- Hawaiian Native/Pacific Islander                       Did Not Self-Identify

**Citizenship:**

Are you a U.S. Citizen?     Yes     No

*If no, do you have proof of right to work in the U.S.?*     Yes     No

Country of Origin: \_\_\_\_\_

Were you a refugee or immigrant when you came to the US? (if so, date of arrival): \_\_\_\_\_

If you are an immigrant or refugee, please provide your A # Exp. Date: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

**Military:**

Are you a U.S. Veteran?     Yes     No

***If Yes, please see Veteran Questionnaire Sheet***

Selective Service Registration (*If gender entered is male & under age 26*):     Yes     No

Selective Service Number: \_\_\_\_\_



Emergency Contact Information:

Name: \_\_\_\_\_
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_

Information Related to Program:

Do you have a current Driver's License? [ ] Yes [ ] No
Have you had a valid Driver's License for at least the past 3 years? [ ] Yes [ ] No
Are you willing to take a drug test? [ ] Yes [ ] No
Are you willing to take a criminal background check? [ ] Yes [ ] No

Program of Interest: [ ] PCA [ ] J-Standard - Soldering [ ] PC Architecture
[ ] CNA [ ] 610 - Soldering [ ] A+ Certification
[ ] TMA [ ] Repair & Rework - Soldering [ ] N+ Certification
[ ] CDL Class B - Transportation [ ] Salesforce Admin

Do you have any prior experience in this program of interest?
(Work, volunteer, hands on training, educational courses): \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_
Why are you interested in this training? \_\_\_\_\_

Family/Income Status: (Please check one)

[ ] A Parent in a One Parent Family: Has sole custodial responsibility for one or more dependent children
[ ] A Parent in Two Parent Family: Shares parental responsibility with another ind. living in same household
[ ] Not a parent but living with family members: Participant resides with family members other than their own children. I.e. Adult child living with parents
[ ] Not a parent and not living with family members: Participant living alone or with individuals who are not family

Total number of family members living in your household: \_\_\_\_\_
Number of Dependents under 18: \_\_\_\_\_



**Employment:**

Are you *currently* employed?  Yes  No

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hours per week worked: \_\_\_\_\_ Hourly pay: \_\_\_\_\_ Start Date: \_\_\_\_\_

If *NOT* currently working, what was your last job title, date of employment and hourly wage?

Name of Employer: \_\_\_\_\_

Last Job Title: \_\_\_\_\_

**Start Date of last job** (include month, day and year): \_\_\_\_\_

**End Date of last job** (include month, day and year): \_\_\_\_\_

Hourly pay: \_\_\_\_\_

**Unemployment Insurance Benefit Status: (check one)**

- Exempt from Work Search
- Exhaustee
- Neither claimant nor exhaustee
- Claimant not referred by RESEA or WPRS
- Claimant referred by RESEA
- Claimant referred by WPRS

**Unemployed in the last 52 weeks?**  Yes  No **If Yes, for how many weeks?** \_\_\_\_\_

**Annual household income from jobs:** \$ \_\_\_\_\_

Are you currently receiving, or has it been verified that you are eligible to receive benefits through the following programs?

Type of Support	Check Yes or No
MFIP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Assistance (MA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI) / RSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Support (SNAP) or Free and Reduced Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Health Status:**

- Did not self-identify
- Not disabled
- Yes, disability is employment barrier
- Yes, disability not barrier to employment

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



**Other Information:**

- Currently homeless
- Have a criminal record
- Recovering chemically dependent

**Education:**

Are you currently attending school?  Yes  No

*If yes, check below:*

- High School  Adult Basic Education
- GED  Technical College
- Alternative School/Program  University

Name of Current School: \_\_\_\_\_

Highest grade of school completed:

1  2  3  4  5  6  7  8  9  10  11  12

Certificate of Completion  High School Diploma  GED  High School dropout

College:  1  2  3  4  Bachelor's degree

Name of School Attended: \_\_\_\_\_

**Legal:**

Do you have any legal concerns that may affect your ability to get a job?  Yes  No

If yes, please explain: \_\_\_\_\_

**Preferred days and times to meet:**

*Example*

*Day: Tuesday*

*Times: 10:00 am – 12:00 pm, 3:00 pm – 5:00 pm*

Day: \_\_\_\_\_

Times: \_\_\_\_\_

Day: \_\_\_\_\_

Times: \_\_\_\_\_

Day: \_\_\_\_\_

Times: \_\_\_\_\_



I understand that HAP may check public records to view my criminal background record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All personal identification data is private and used to determine program eligibility, for grant reporting purposes and to increase our services to participants. It will not be unnecessarily accessed, reviewed or disclosed.

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

By checking this box, I acknowledge that I am electronically signing the application to Custom Jobs Training (CJT) program. Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HAP use only:

Documented Verification of:

- Birth Date- driver’s license or state ID. (copy)
- Social Security Number (copy)
- Right to Work Status (if applicable) (copy)
- Selective Service Registration (copy if required)
- Veteran Status –DD-214 (copy if applicable)
- Eligibility for Adult Basic Education (ABE) Services (document)
- Data Privacy Form – Tennessee Warning (copy signed by participant)
- Consent to Share Wage Detail Form (copy signed by participant)
- Complaint/ Discrimination Form (copy signed by participant)
- High School Diploma or General Equivalency Diploma
- Paystub or wage verification if currently working

Notes: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_