



*Required field

Career & Job Training Program Application

*Date: _____

Personal Information:

*First Name: _____ MI: _____ *Last Name: _____

Former Name (If Applicable): _____

*Gender: Male Female *Date of Birth: _____ *Social Security #: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

*Phone: _____ Alternative Phone: _____

Emergency Contact Information:

*Name: _____ *Relationship: _____ *Phone: _____

*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): _____

*Primary Language Spoken: _____

Military:

*Are you a U.S. Veteran? Yes No



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Information Related to Program:

- *Do you have a current MN Driver’s License? 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

<input type="checkbox"/> Phlebotomy	<input type="checkbox"/> IT Fundamental (IT+)
<input type="checkbox"/> CNA	<input type="checkbox"/> A+ Certification
<input type="checkbox"/> Manufacturing- Soldering	<input type="checkbox"/> N+ Certification
<input type="checkbox"/> (Product Technician)	<input type="checkbox"/> S+ Certification
<input type="checkbox"/> Boiler License	<input type="checkbox"/> CySA+ Certification
<input type="checkbox"/> CDL Class B- Transportation	<input type="checkbox"/> PenTest+ Certification
<input type="checkbox"/> Business	<input type="checkbox"/> Youth Internship

*Where did you hear about our program? _____

*Are you a returning student? Yes No

*Family/Income Status: (Which of the following describes your living situation?)

- I am a single parent living with my child/children and file tax alone
- I am in a two-parent family living with my child/children and file tax alone
- I am in a two-parent family living with my child/children and file tax jointly
- I live with my family, but I do not have any child/children and file tax alone
- I live with my family, but is dependent under someone else's tax
- I am not living with any family member and file tax alone
- I am homeless

*Total number of family members living in your household: _____

*Number of dependents/children: _____



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Employment:

*Are you currently employed? [] Yes [] No If yes, please fill job information below:

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 Last Employer: _____

Last Job Title: _____

Start Date of last job (include month and year): _____

End Date of last job (include month and year): _____

Hourly pay: _____

* Unemployment Insurance Benefit Status: (check one)

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

Are you unemployed for over 52 weeks? If no, how many weeks? _____

* Annual Income: _____

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

Table with 2 columns: Type of Support, Check Yes or No. Rows include MFIP, Medical Assistance (MA), Supplemental Security Income (SSI) / RSDI, Free and Reduced Lunch, Supplemental Nutritional Assistance Program (SNAP), Refugee Assistance, General Assistance.



***Health Status:**

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

Please explain: _____

Other Information:

- Have a criminal record (*please explain*): _____
- Recovering chemically dependent

Education:

*Are you currently attending school? Yes No

If yes, check below:

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

Name of Current School: _____

***Highest grade of school completed:**

- 1 2 3 4 5 6 7 8 9 10 11 12
- Some College Completed 2-Year College Completed 4-Year College Completed Graduate Program

Degree Earned (*Check all that apply*):

- Certificate of Completion Highschool Diploma GED Associates Degree Bachelor’s Degree
- Master’s Degree Doctorate’s Degree

Legal:

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

If yes, please explain: _____



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Program Application**

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:

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

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.

***Print Name:** _____

***Signature:** _____ ***Date:** _____