

APPLICANT INFORMATION

Name: _____		Date: _____	
Date of Birth: _____		SSN: _____	DSS Client #: _____
Street Address: _____			
City: _____		Zip Code: _____	
		Phone: cell _____	
		home _____	
Email: _____			
SNAP Household Size: _____		# of Adults: _____	
# of Children: _____			
Gender: <input type="radio"/> Male <input type="radio"/> Female		Race: <input type="radio"/> American Indian <input type="radio"/> Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American Native <input type="radio"/> Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> Unknown	
		Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown	

Language: _____

EDUCATION INFORMATION

Do you have a high school diploma or GED? Yes No

What is your highest level of education? _____

List all colleges you have attended. _____

How did you hear about the program? _____

FINANCIAL INFORMATION

Receiving SNAP? Yes No | **Receiving TFA?** Yes No | **Receiving Social Security?** Yes No

Are you currently employed? Yes No PT FT

Are you currently receiving unemployment? Yes No

EMPLOYMENT HISTORY

Employer Name: _____	Position Title: _____
City, State: _____	Hours per week: _____
Start Date: _____	End Date: _____
Employer Name: _____	Position Title: _____
City, State: _____	Hours per week: _____
Start Date: _____	End Date: _____
Employer Name: _____	Position Title: _____
City, State: _____	Hours per week: _____
Start Date: _____	End Date: _____
Employer Name: _____	Position Title: _____
City, State: _____	Hours per week: _____
Start Date: _____	End Date: _____

Please provide three references: (community or employment)

Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____

Goals:

Why do you want to participate in the program:

Please list some of your strengths, skills, abilities and/or interests that will help you reach your career goals.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What have your previous experiences in school been like? (check all that apply)

- | | | |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Rewarding | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Frustrating |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Challenging | <input type="checkbox"/> Discouraging |
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Easy | <input type="checkbox"/> Difficult |

What are some potential obstacles and challenges that you may encounter in pursuing your career goals? (i.e. transportation, childcare, disability, etc.)

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

This institution is an equal opportunity provider.