



CHATTANOOGA  
**BROWNFIELDS**  
 J O B T R A I N I N G

# Training Application

## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State Zip		Phone	
Mailing Address				Apartment/Unit #	
City		State Zip		Phone	
Cell Phone		E-mail Address			
How did you learn of this job training program?					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid Tennessee driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, license #	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

## EMERGENCY CONTACT (Please list a permanent contact who will always know where you can be reached)

Contact		Relationship			
Address		City/ State/ Zip		Phone	

## EDUCATION

GED			Year	
High School			Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Year Achieved	
College			Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Year Achieved	

## REFERENCES

*Please list two professional references:*

Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		

**Note: There is no job guaranteed at the end of this training.  
 However, you will gain skills and certifications that help increase your marketability.**

**EMPLOYMENT STATUS**

Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently underemployed (work less than 20 hrs/week)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MEDICAL HISTORY**

Do you have any medical problems or conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain below
Are you able to work in a small confined space?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to work outside in all kinds of weather?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to carry/ lift 25 pounds of gear or equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**PREVIOUS EMPLOYMENT**

Company	Phone (    )	
Address	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone (    )	
Address	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance in the Brownfields Job Training Program, I understand that any false or misleading information in my application or interview may result in my release.

<b>Signature</b>	<b>Date</b>
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📌 **Application due by: 4:00 p.m., Friday, August 13, 2010 to:**

Tennessee Career Center,  
 Eastgate Town Center  
 5600 Brainerd Road, Suite A-5  
 Chattanooga, TN 37411  
 423-894-5354

or

Regional Planning Agency  
 Development Resource Center  
 1250 Market Street, Suite 2000  
 Chattanooga, TN 37402  
 423-757-5216 (Parking lot is behind building via King Street)

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