

Environmental Works

» A WorkPlace Opportunity.

*This application is a confidential document and will be used only to evaluate your eligibility for the **Environmental Works Job Training Program**. All information will be kept strictly confidential and will only be shared with project staff, representatives of The WorkPlace, its program partners, the Environmental Protection Agency and its representatives. You must answer **ALL** questions that are applicable. You may be required to provide documentation for any of the information entered on this application. Some of the documentation you may be asked to include, but are not limited to, the following: 1. Social Security Card; 2. Photo Identification with proof of age, i.e., Driver's License.*

SECTION 1. Personal Information

Last Name First Name Middle Name

Home Address: _____ Home Phone Number: _____
Street

_____ Apt _____
Alternate Phone #: _____

_____ City _____
Email Address: _____

_____ State Zip Code _____
Date of Birth: _____ / _____ / _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ State Issuing Driver's License: _____

Mailing Address: _____

(If Different) _____ Street

_____ Apt

_____ City

_____ State Zip Code

Sex: _____ Male _____ Female Are you a U.S. Citizen or permanent Resident? _____ Yes _____ No

Are you registered with the Selective Service _____ Yes _____ No _____ Female _____ Birthday after 1960

Are you a Veteran? _____ Yes _____ No Are you now or have you been in the STRIVE Program? _____ Yes _____ No

Race:

White

Black

Hispanic

American Indian/Native American

Hawaiian/Other Pacific Islander

Other

Age:

18-21

22-35

36-45

46-55

56+

Educational Level

8th Grade or less

Some High School

High School Diploma or GED

Some College

2 Year College

4 Year College

Some Graduate School

Graduate Degree

SECTION 2. Availability to Participate

Are you available to begin training immediately? _____ Yes _____ No

If not, when will you be available? _____

Do you have transportation (car or public transportation)? _____ Yes _____ No

Can you commit to at least 8 weeks of classroom training? _____ Yes _____ No

SECTION 3. Family and Income Information

Are you the head of household? _____ Yes _____ No

Do you have children? _____ Yes _____ No

Are you a primary caregiver? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

If so, where _____

Job Title _____

What was your individual income last year?

_____ Less than \$10,000

_____ More than \$10,000 but less than \$25,000

_____ Over \$25,000

How many months were you unemployed during the past 12 months?

___ 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8+

SECTION 4. Occupational Readiness Questions

Is there any reason you may not be able to fully participate in training? Yes ___ No ___

If so, explain _____

Have you received any vocational, technical, or business certificates or diplomas: ___ Yes ___ No

If yes, please describe: _____

Have you ever attended another job training program: ___ Yes ___ No

If yes, what was the name of program: _____

Did you complete the program: ___ Yes ___ No

Do you need any special accommodation to participate in this training? ___ Yes ___ No

If yes, what accommodation would you require? _____

SECTION 5. Employment Background

Are You a member of a Labor Union ___ Yes ___ No
If so, which one? _____

If you have worked anytime during the past twelve (12) months, please tell us about your work history. Start from your most recent employment. Include work you have been paid for and work you have done as a volunteer.

1. **Most Recent**

Employer Name: _____ Supervisor Name: _____

Address: _____

Job Title or description: _____

Wages per hour: _____ Hours per week: _____

Dates of employment: _____
(Date started/Date Ended)

2. **Previous Employer**

Employer Name: _____ Supervisor Name: _____

Address: _____

Job Title and description: _____

Wages per hour: _____ Hours per week: _____

Dates of employment: _____
(Date started/Date Ended)

3. **Previous Employer**

Employer Name: _____ Supervisor Name: _____

Address: _____

Job Title or description: _____

Wages per hour: _____ Hours per week: _____

Dates of employment: _____
(Date started/Date Ended)

SECTION 5. Criminal Background

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____ Yes _____ No

Note: a background check will be done to assist in job placement

SECTION 6. Certification

I, the above named applicant, hereby represent that I am in good health and can participate in this education and training program. I do further hereby absolutely assume all risks and hazards incidental to such participation and release, absolve, and fully forgive and further agree to indemnify and hold harmless The WorkPlace, the U.S. Environmental Protection Agency, and its representatives from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any injury known or unknown or death to me or property damage whether the result of negligence or any other cause, including persons transporting me to or from activities. This Agreement is given in consideration for me being allowed to participate in the aforesaid training Program. Application to the Training Program is a binding agreement that the applicant has an obligation to complete job training requirements.

Date

Signature of Applicant

SECTION 3: For Office Use Only

Individual meets initial eligibility criteria or program _____ Yes _____ No

Individual referred to program by a partner: _____ Yes _____ No

If Yes, which Partner/Provider _____

If No, Individual referred to Partner/Provider _____

Provided Copy of Photo ID

Provided documentation of current address

Type of Documentation provided: _____

If permanent resident, provided corresponding documentation

Type of Documentation provided: _____

Reviewed Fully Completed Application _____



Environmental Works is a WorkPlace Opportunity supported with funding from the U.S. Environmental Protection Agency.