



OCCUPATIONAL SKILLS TRAINING Service Application

Please check your class of interest (day classes only):

- Banking / Call Center Customer Service** **Hospitality**
 Basic Construction Skills

Date _____

Last Name _____ First Name _____ Middle _____

Address _____ City/State/Zip _____

County _____ Home Phone _____ Cell Phone _____

E-Mail Address _____

Social Security Number _____ Sex _____ Ethnic Origin _____

Birthdate _____ Marital Status _____ Were you born in the U.S? Yes _____ No _____

If you are not a citizen of the U.S., please enter the type of VISA held and alien registration number:

Type of VISA _____

Alien Registration Number _____

Citizenship _____ Language _____

Total People In Household _____ # Dependent Children _____ Ages _____

Are you your own Legal Guardian? Yes _____ No _____

If no, Name of Legal Guardian _____

Disability (if applicable): Primary _____ Secondary _____

Date of Onset of Disability _____

Description of Disability (if applicable): _____

Primary Disadvantaging Condition (CHECK ONE)

Unemployed _____ Laid Off _____ Homeless _____ Ex-Offender _____ TANF Recipient _____

Secondary Disadvantaging Condition (CHECK ALL THAT APPLY)

Unemployed _____ Laid Off _____ Homeless _____ Ex-Offender _____ TANF Recipient _____

Financial Assistance & Amounts:

TANF \$ _____ Child Support \$ _____ Food Stamps \$ _____ Public Housing \$ _____
Disability \$ _____ Other \$ _____

Annual Income For Working Households (CHECK ONE):

\$0 - \$9,999 _____ \$10,000-\$19,999 _____ \$20,000-\$29,999 _____ \$30,000-\$39,999 _____ Over _____

Medical Appliances and/or Conditions _____

Medications _____

Have you previously been enrolled in any other programs or services offered by Goodwill Industries? Yes _____ No _____

If yes, which program(s)? _____

Program Referral Information

Are you currently working with a counselor? Yes _____ No _____

Agency Name _____ (VR, DSS, Workman’s Comp. Agency, etc.)

Counselor Name _____ Counselor Phone Number _____

Other Referral Source _____

Referring Counselor Name (if applicable) _____

Referring Counselor Phone Number (if applicable) _____

Education

Elementary _____ Grade Completed _____

High School _____ Graduate? Yes _____ No _____

College _____ Graduate? Yes _____ No _____

College Degree (if applicable): _____

Military Service

Branch of Service _____ Dates _____

Type of Discharge _____ Veteran _____ Vietnam _____

Emergency Contact Information

Name/Relationship Telephone Number

Name/Relationship Telephone Number

Employment History

Are you currently employed? Yes____ No____

If yes, do you plan to continue working in this position while attending class? Yes____ No____

Please list all past and present employment beginning with your most recent:

1. Title _____ Employer_____

Address _____ Contact Name and Number _____

Start Date _____ End Date _____ Wage/Salary _____ Per _____

Reason for Leaving_____

2. Title _____ Employer_____

Address _____ Contact Name and Number _____

Start Date _____ End Date _____ Wage/Salary _____ Per _____

Reason for Leaving_____

3. Title _____ Employer_____

Address _____ Contact Name and Number _____

Start Date _____ End Date _____ Wage/Salary _____ Per _____

Reason for Leaving_____

4. Title _____ Employer_____

Address _____ Contact Name and Number _____

Start Date _____ End Date _____ Wage/Salary _____ Per _____

Reason for Leaving_____

Please describe any special skills, qualifications, or training you have which you feel should be considered in your application for Occupational Skills Training: _____

Please describe any problems you think may arise while participating in the training on a full-time basis and in full-time employment after your training is completed: _____

Have you ever been convicted of a misdemeanor law violation other than traffic violations? Yes____ No _____

If yes, please explain. Include date, location, charge, and action taken: _____

Have you ever been convicted of a felony law violation? Yes____ No _____

If yes, please explain. Include date, location, charge, and action taken: _____

Are you presently under charges for any law violations? Yes _____ No _____

If yes, please explain. Include date, location, charge, and action taken: _____

Are you currently serving probation or under a suspended sentence? Yes _____ No _____

If yes, please explain. Include date, location, charge, and action taken: _____

Have you ever gone through deferred prosecution? Yes _____ No _____

If yes, please explain the circumstances including date, location and charge: _____

Please read the following statements. They constitute the conditions under which you would be accepted for training.

1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by Goodwill Industries/ Occupational Skills Training.
2. I authorize the persons, schools, law enforcement agencies, counselors, and other organizations, or employers named in this application to provide Goodwill Industries/ Occupational Skills Training with any relevant information that may concern my acceptance for training.
3. I understand and agree that any withholding of information or making false statements on this application or on other submitted forms could result in rejection for training, or if accepted, termination of the program.

Applicant's Signature

Date

We consider applicants for services without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. I understand that supplying the information is for statistical purposes only.

Policy on Student Drug Testing

Most employers of the Business Advisory Council for the Occupational Skills Training Program, in an effort to protect their environment from those who willfully use drugs for recreational purposes, advise all potential candidates that they may be requested to undergo drug screening, either as a requirement for entry into the program or after completing the program as a condition of employment.

Further, it is the policy of the OST Program that all applicants to the program be given a copy of this policy and requires that the applicant's signature be obtained as a statement that the applicant is aware of and understands this policy.

I have read and understand the above policy of drug screening for acceptance into the Occupational Skills Training Program.

Applicant's Signature

Date