ADMISSION APPLICATION



Last Name	vame First Name				
Birth Date	Gender Male 🗌 Female 🗌 Other 🗌				
Address					
City	State	Zip			
Home Phone ()	Cell Phone ()				
Email					
Are you a dislocated worker? Y	es 🔲 No 🔲				
Special population status. Chec	k all that apply.				
☐ Learning Disability ☐ Re☐ Recipient of TANF ☐ Re☐ None of the above apply	efuge	Single Parent/Pregnant			
Have you ever been convicted	of a felony? Yes ☐ No ☐ If yes, p	lease explain			
Are you eligible to work in the	 U.S.? Yes				
Is English your first language?	Yes 🗌 No 🗌				
If not, what is your first langua	ge?				
Are you available Tuesday and	Thursday from 9:00am-12:00pm	? Yes 🗌 No 🗌			
Do you have reliable transporta	ation to The Northeast Community	Center? Yes 🗌 No 🗌			
Are you looking for full-time or	part-time work? Full-time Pa	art-time			
Are you able to bend, lift, push	, pull, stand and stoop for long pe	eriods of time? Yes 🗌 No 🗌			
Education					
High School	City	State			
	Grade Completed				
Trade School	City	State			
		Did you graduate? Yes 🗌 No 🗌			
	Certificate				
College	City	State			
Years Completed	Did you graduate?				
Area of Study	Diploma/Major	Diploma/Major			

Work History					
Employer Name					
City	State	Start Date	End Date		
Position Title					
Duties					
Reason For Leaving/U	nemployment				
Supervisor		Telephone			
Employer Name					
City	State	Start Date	End Date		
Position Title					
Duties					
Reason For Leaving/U	nemployment				
Supervisor		Telephone			
Additional Infor	mation				
Why are you interested in taking this course?					
How would earning the credential impact your life?					