

Section 2. Household Information

1. What is your current housing situation?

- | | |
|--|---|
| <input type="checkbox"/> I rent | <input type="checkbox"/> I live with relatives |
| <input type="checkbox"/> I own | <input type="checkbox"/> I am currently homeless |
| <input type="checkbox"/> I am currently living in a residential treatment facility | <input type="checkbox"/> I live in a transitional shelter |

2. What is your current marital status?

- | | | |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Married |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | |

3. Do you have children? Yes _____ No _____ How many? _____ Ages: _____

4. Are you the custodial parent? Yes _____ No _____

5. What grade level is/are your child or children in?

- Pre-School Elementary Middle School High School

6. Do you have proper childcare arrangements? Yes _____ No _____

7. What is the total number of children (17 years and under) living in your household? _____

8. Including yourself, what is the total number of adults (18 years and over) living in your household? _____

Section 3. Income Information

1. Considering ALL income sources, what is your total household income?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$5,000 or less | <input type="checkbox"/> \$5,000-\$10,000 | <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$20,001-\$30,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> over \$50,001 | |

2. How much money did you personally earn last year?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$5,000 or less | <input type="checkbox"/> \$5,000-\$10,000 | <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$20,001-\$30,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> over \$50,001 | |

3. Do you receive any of the following government assistance? Please check all that apply

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> SSI | <input type="checkbox"/> Family Health Plus |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> SSDI | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Safety Net | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Section 8 |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> Child Health Plus (Kidcare, MediKids, HealthyKids, or Children's Medical Services Network) | | |

4. Are you currently employed?

Yes _____ No _____ if yes, do you work Full Time _____ or Part Time _____

5. How much do you earn monthly? \$ _____

6. Do you receive financial support from family or friends?

Yes _____ No _____ if yes, please specify Spouse _____ Parents _____ other family _____ Friends _____

Section 4. Transportation Information

1. What is your current transportation situation?

_____ I own a vehicle and can use it daily

_____ I share a vehicle with another person in my household

_____ I do not have access to a vehicle and rely on public transportation

2. What type of transportation would you use to get to our office? (Check all that apply)

Train

Car

Within walking distance

Bus

3. How much time does it take you to get here from your home? _____

4. Do you drive? Yes _____ No _____

5. Do you have a valid Florida driver's License or Permit?

Yes _____ No _____ If YES, what class? _____

6. Is your license suspended or do you have a license but cannot use it now? Please explain.

7. Do you have a License from **ANOTHER** state?

Yes _____ No _____ If YES, which state? _____

Section 5. Program Information

1. How did you learn about *Per Scholas*?

Newspaper (please specify) _____

Flyer (where was is posted) _____

Non-profit organization (please specify) _____

South Florida Workforce One-Stop (which location) _____

Website (please specify) _____

Friend Relative _____

Per Scholas Graduate (please list name) _____

Other (please specify) _____

2. Are you currently registered at your local South Florida Workforce One-Stop Center?

Yes _____ No _____ If yes, which location? _____

3. Have you been issued an ITA training voucher? Yes _____ No _____
4. Can you Type? Yes _____ No _____ If yes, number of words per minute? _____
5. Are you computer literate? Yes _____ No _____ If yes, what software programs are you familiar with?

6. Do you own a home computer? Yes _____ No _____
7. Do you have a resume? Yes _____ No _____ if yes, is it updated? Yes _____ No _____
8. Do you have a professional outfit for job interviews?
Yes _____ No _____ If NOT, will purchasing an interview outfit be a problem for you? Yes _____ No _____
9. Are you willing to accept the training hours offered for this program? Yes _____ No _____
10. Will you be flexible if the classroom scheduling is changed? Yes _____ No _____
11. What is your goal after taking this training?

12. Should an employment opportunity present itself at the completion of the training, will you be able to accept it?
Yes _____ No _____
13. Will you be willing to present documentation of your job search efforts during the job search phase of the program?
Yes _____ No _____
14. Should an internship opportunity present itself following the training, will you be willing to accept it?
Yes _____ No _____
15. Do you have any personal or religious obligations that prevent you from working a flexible schedule (including evenings and weekends)?
Yes _____ No _____ if yes, please explain _____
16. Have you completed any technical training?
Yes _____ No _____ if yes, please describe _____
17. Have you ever attempted to fix a mechanical device?
Yes _____ No _____ if yes, please describe _____

18. Do you have any physical health-related issues, (i.e. a back injury), that would interfere with your training/job participation?

Yes _____ No _____ if yes, please explain _____

19. Do you have any mental health-related issues (such as diagnosed depression), that would interfere with your training/job participation?

Yes _____ No _____ if yes, please explain _____

20. Are you able to lift 60 pounds? Yes _____ No _____

21. Are you able to stand for long periods of time? Yes _____ No _____

22. Do you require any special aid in order to learn in a classroom setting (i.e. hearing aids or vision aids)

Yes _____ No _____ if yes, please explain _____

23. Are you currently taking any medications that may affect your performance in training or work?

Yes _____ No _____

24. Do you have or foresee any problems, personal or financial, that will hinder your participation in our program?

Yes _____ No _____ if yes, please explain _____

Section 6. Background Information

1. Are you a Veteran of the United States Military?

Yes _____ No _____ if YES what dates did you serve in the military? _____ to _____

2. What was your discharge?

Honorable General Hardship Medical Other (please specify) _____

3. Are you a spouse of a Veteran of the United States Military? Yes _____ No _____

4. Are you or have you ever been in trouble with the law? Yes _____ No _____

(Answering yes to this question does not constitute an automatic rejection for training)

5. What was the conviction? _____

Date of conviction _____

Sentence Received _____

Time Served _____

6. Are you currently on parole or probation? _____

7. Are you currently involved in any legal proceedings whatsoever? Yes _____ No _____

8. Are you or have ever been enrolled in an alcohol or drug rehabilitation program?

Yes _____ No _____ if yes, please explain _____

9. Are you currently participating in a residential treatment program?

Yes _____ No _____ If YES, what stage of treatment are you in? _____

10. Are you willing to complete drug testing and a background check? Yes _____ No _____

Section 7. Education and Training History

1. Complete all sections that are appropriate: (Please use other side for additional information.)

	School Name	Dates Attended	Major/Concentration	Did you graduate? If no, why not?	Degree or Diploma earned
High School/GED					
College/University					
Vocational Training					
Other					

2. Are you currently attending any other educational programs or schools?

Yes _____ No _____ If yes where? _____

3. Are you planning to pursue any education or training after completing the program offered by *Per Scholas*?

Yes _____ No _____ If yes, what program? _____

I certify that my answers are true and complete to the best of my knowledge. I authorize *Per Scholas* to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for program acceptance. I hereby release employer, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am accepted into the program, I understand that false or misleading information given in my application or interview(s) may result in my discharge from the program.

Applicant Signature

Date

Section 8. Employment History

1. Have you ever worked before? Yes _____ No _____

2. When was the last time you worked for pay, either full time or part time?
 - I am currently working for pay
 - I worked for pay less than 6 months ago
 - I worked for pay between 6 months and 1 year ago
 - I worked for pay more than 1 year ago
 - I have never worked for pay

3. Are you being seriously considered for a job and expect to be hired in the near future? Yes ___ No ___

4. What is the total amount of years that you have been employed in your lifetime? Please include all part time or full time work.
 - less than one year 1-3years 4-6years 7-10 years Over ten years

5. Please list your last four jobs (include volunteer experience)

Employment I (Please list the most recent job first)

Company Name: _____ Position Title: _____

Address: _____ Phone Number: _____

Start Date and End Date: _____ Supervisor's Name: _____

Full Time Part Time Wage \$_____ Hourly_____ or Annually_____

How many hours did you work per week? _____ How many months did you work on average? _____

Why did you leave this job? _____

Employment II

Company Name: _____

Position Title: _____

Address: _____

Phone Number: _____

Start Date and End Date: _____

Supervisor's Name: _____

Full Time Part Time

Wage \$ _____ Hourly _____ or Annually _____

How many hours did you work per week? _____ How many months did you work on average? _____

Why did you leave this job? _____

Employment III

Company Name: _____

Position Title: _____

Address: _____

Phone Number: _____

Start Date and End Date: _____

Supervisor's Name: _____

Full Time Part Time

Wage \$ _____ Hourly _____ or Annually _____

How many hours did you work per week? _____ How many months did you work on average? _____

Why did you leave this job? _____

Employment IV

Company Name: _____

Position Title: _____

Address: _____

Phone Number: _____

Start Date and End Date: _____

Supervisor's Name: _____

Full Time Part Time

Wage \$ _____ Hourly _____ or Annually _____

How many hours did you work per week? _____ How many months did you work on average? _____

Why did you leave this job? _____

Section 9. References

Please list three PROFESSIONAL or ACADEMIC references. Do NOT include family members.

_____	_____	_____
Name of Person	Professional Title	Phone Number
_____	_____	_____
Name of Person	Professional Title	Phone Number
_____	_____	_____
Name of Person	Professional Title	Phone Number

I certify that my answers are true and complete to the best of my knowledge. I authorize *Per Scholas* to contact my previous employers and listed contacts for reference information as part of the selection process. I further understand that falsification of information provided on this application will be grounds for termination from the selection process and if selected, termination from the program.

_____	_____
Applicant Signature	Date

