



# EMPLOYMENT AND TRAINING



<b>APPLICANT</b>							
Today's Date		Last Name		First Name			Middle Initial
Address				City		State	Zip Code
Phone Number		Alternate Phone Number		Date of Birth		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
E-mail Address:							
Ethnicity/Race <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one race							
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, provide an Alien Registration Number (A-number):		Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been convicted of a crime in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability that would cause a barrier to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>WORK HISTORY</b>							
Employer				Position			
Address				City		State	Zip Code
Start Date	End Date	Hourly/Monthly/Annual Salary		Hours Per Week		Reason for Leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned	
Description of Duties							
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applied and Not Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Unable to Look/Accept Job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List longest employer you've worked for				Are you at risk of losing your current level of income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you able to get to work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No		Unemployment insurance Claim Status? <input type="checkbox"/> Claimant <input type="checkbox"/> Exhausted <input type="checkbox"/> None			
<b>EDUCATION</b>							
Current Education Status <input type="checkbox"/> Attending-Alternative School <input type="checkbox"/> Not Attending-Dropout <input type="checkbox"/> Not Attending-Graduate <input type="checkbox"/> Attending-High School <input type="checkbox"/> Attending-Post High School							
Highest Grade Completed <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> College Freshman <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational/Technical or Community College <input type="checkbox"/> Above Bachelor's Degree							
Are you currently in school? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you interested in earning your high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any training programs you started but didn't complete? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, name of the training program			
Reason for leaving the training program			Date exited from the training program			Are you interested in Classroom Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what industry are you interested in receiving training? <input type="checkbox"/> Healthcare <input type="checkbox"/> Advanced Manufacturing <input type="checkbox"/> Information Technology <input type="checkbox"/> Transportation <input type="checkbox"/> Other (_____)							
If yes, in what type of classroom occupational skill training are you interested?							
<b>SUPPORT SYSTEM</b>							
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Need childcare to participate in employment / training activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you need additional support services? If yes, what? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you live in a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Homeless in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expect any changes in the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What state is your current driver's license from?				Status of Driver's License? <input type="checkbox"/> Good standing <input type="checkbox"/> Suspended			

Applicant's Signature

Date

Artstech is an Equal Opportunity Employer/Program. | Auxiliary aids and services are available upon request to individuals with disabilities.

Revised: June 2021