

Clifty Heights Community Development Organization DMSSOT Project

Training Enrollment Application

(Please Print Clearly)

Date: _____

Personal Information

| | | | | |
|--------------------------------------|--------|------------------------|-------------|---------------------------------|
| Full Name | | Social Security Number | | |
| Address (Number and Street) | | | | |
| City | County | State | Zip Code | Number of years at this address |
| Home Phone | | Business Phone | Other Phone | |
| Previous Address (Number and Street) | | | | |
| City | County | State | Zip Code | Number of years at this address |

Are you at least 18 years of age? Yes No

Have you ever been convicted of or pled guilty or no contest to a felony offense? Yes No

If yes or unsure, describe in detail.

How did you hear about this training?

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Other source (please specify) _____ |
| <input type="checkbox"/> Employment agency | <input type="checkbox"/> Internet/Website | |
| <input type="checkbox"/> My employer | <input type="checkbox"/> School | |
| <input type="checkbox"/> A friend or relative | <input type="checkbox"/> State Job Service | |
| | | |

Why are you interested in this training? _____

What dates and hours do you have available to attend training? _____

Are you willing to work second or third shift? _____

What dates and hours could you work if referred to an employer as a result of completing this training? _____

Skills and Education

| | | | | |
|--------------------------|------------------------|------------------------|--------------------|--------------------|
| High School/GED: | Name | City/State | Degree Obtained | No. Years Attended |
| College: | Name | City State | | |
| | Major/Minor | Degree Obtained | No. Years Attended | |
| Trade/Vocational School: | Name | City State | | |
| | Trade or area of Study | Certification Obtained | No. Years Attended | |
| Other | Name | City State | | |
| | Area of Study | Certification Obtained | No. Years Attended | |

Employment History

Please complete entire section, listing your employment history for at least the last 3 years, even if you have submitted your resume. Start with your current or most recent position and include any temporary or part-time jobs. Please continue on a separate sheet of paper if necessary.

| | |
|-----------------------------------|------------------------|
| Name & Address of Employer | |
| Telephone Number | Dates of Employment |
| Name & Title of Supervisor | Title of Your Position |
| Brief Description of Your Duties: | |
| Starting Salary: | Ending Salary: |
| Reason for leaving: | |
| Name & Address of Employer | |
| Telephone Number | Dates of Employment |
| Name & Title of Supervisor | Title of Your Position |
| Brief Description of Your Duties: | |
| Starting Salary: | Ending Salary: |
| Reason for leaving: | |
| Name & Address of Employer | |
| Telephone Number | Dates of Employment |
| Name & Title of Supervisor | Title of Your Position |
| Brief Description of Your Duties: | |
| Starting Salary: | Ending Salary: |
| Reason for leaving: | |
| Name & Address of Employer | |
| Telephone Number | Dates of Employment |
| Name & Title of Supervisor | Title of Your Position |
| Brief Description of Your Duties: | |
| Starting Salary: | Ending Salary: |
| Reason for leaving: | |

If you have not been employed in the last 3 years, please explain

General Terms and Conditions

1986 Immigration Reform and Control Act

Employers take seriously their responsibility under the immigration Reform and Control Act of 1986 to hire only persons authorized to work in the United States. As a condition of employment you will be required to furnish proof of your identity and authority to work in the U.S. as required by law. Do you have the legal right to work in the U.S.?

Yes No (Do not attach any *documentation* at this time)

Signature of Applicant

Date

Applicant's Certification and Release of Liability

I hereby certify that the information I have provided on this application and on any attachments is true and correct to the best of my knowledge and that no attempt has been made by me to hide any relevant information. I understand that any information which is not accurate or not included may result in denial of my training application or cause me to be dismissed at any time during my training.

Unless otherwise noted on this application, I authorize my previous employers, and other persons or institutions noted on this application to provide Clifty Heights CDO, Inc. with any information they may have regarding me, including but not limited to employment history and salary information. I agree to release and hold harmless all persons providing information to Clifty Heights CDO, Inc. and its agents and employees, for any and all liabilities arising out of their investigation of my application for training.

I understand that my application is being considered only for the specific training for which I have applied. I further agree that if accepted in training, I will be required to comply with all policies, rules and regulations of Clifty Heights CDO, Inc. which apply to the training programs provided. I understand Clifty Heights CDO, Inc.'s rules, policies and regulations regarding their training programs may be changed, modified, deleted or added to by it at any time at its sole option and without prior notice.

I understand that if I become a final applicant, additional screening prior to my enrollment will include a criminal background check. I hereby consent to this screen and understand that if Clifty Heights CDO, Inc. denies my application based solely upon information provided by this check, that I will be provided with that information, the name, address and telephone number of the company providing such background information and an opportunity to correct such information if it is inaccurate.

A photocopy of this authorization shall have full force and effect as if the original.

Signature of Applicant

Date