

Do you have your own car? Yes No

How will you get to training?

Someone will drive me. List name and relationship: _____

Public transportation

Drive myself

Bike

Other: _____

Can you commit 16 weeks to completing this program training? Yes No

**Reminder – missing more than 3 classes might result in termination from the training program.*

SECTION 3: EDUCATIONAL BACKGROUND
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What was the last grade of school you completed? _____

What school did you last attend? _____

_____	_____	_____
City	State	Zip Code

Do you have a High School Diploma? Yes No If yes, when did you receive it? _____

Do you have a GED? Yes No If yes, when did you receive it? _____

Did you attend college? Yes No

What type of degree were you working towards? _____

Did you graduate? Yes No

Are you currently enrolled in a GED/HS Diploma program or in college? Yes No

If yes, please list program, location, and **time** of training.

Have you been in any other school or training programs since school? Yes No

If yes, please list the name and address, type of training, and years attended.

What other skills or qualifications do you have?

Are you interested in a career in green construction?

Yes No

If yes, why are you interested in a career in green construction?

SECTION 4: CONVICTION RECORD

Persons with criminal records are eligible for this training. If you have a conviction record and are on probation, we must know in order to assist you with your training needs.

Do you have a felony? Yes No

If yes, please explain _____

Are you on probation or parole? Yes No

If yes, please list your Probation or Parole Office's name and telephone number:

SECTION 5: EMPLOYMENT HISTORY

1. Current or most recent employer: _____

Supervisor: _____

Address: _____

Job Title or description: _____

Wages per hour: _____

Hours and days working/worked per week: _____

Dates of employment: _____

(Date started / Date ended)

2. Previous employer: _____

Supervisor: _____

Address: _____

Job Title or description: _____

Wages per hour: _____ Hours worked per week: _____

Dates of employment: _____
(Date started / Date ended)

SECTION 6: HEALTH QUESTIONS

Good physical health is essential and you will be required to take a physical and a drug test.

What is condition of your health? ___ Excellent ___ Good ___ Fair ___ Poor

Can you lift at least 25 pounds? ___ Yes ___ No

Do you have any health problems or disabilities that would hinder you from completing this training program and performing outside labor? ___ Yes ___ No

If yes, please explain _____

SECTION 7: CERTIFICATION

I, the undersigned, affirmed that the information I have given on this application is true and correct to the best of my knowledge. I also understand by enrolling in this program that I am required to pass a physical and drug test. This program requires that I commit to six to eight weeks in the program. I understand that failure to complete this work commitment and training may result in the reimbursement of the cost on my part to the entities that have provided for me. Failure to comply with any of these terms will result in termination from the program.

Signature

Date

Emergency Contact Name, Relationship, and Phone Number