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| *CareerAdvance USA* Apprenticeship Program |

# Intake Form

The minimum requirements to participate in this program are: a high school diploma or equivalency, age 17 or older, and authorized to work in the U.S. This apprenticeship program is available to you due to a Scaling Apprenticeship grant provided by the US Department of Labor. The questions below are used for data collection, so please be truthful in your responses. **Please email this completed form to** [**careerusa@ccm.edu**](mailto:careerusa@ccm.edu)**.**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Date of Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_permission to speak to a CCM representative on my behalf regarding my participation in the

**(Name)**

Program**.** can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name)**    **(Phone)** **(Email)**

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| **1.** Are you a veteran? | **YES** | **NO** | **2.** Are you authorized to work in the U.S.? | **YES** | **NO** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.** Are you enrolled in a post-high school program? | **YES** | **NO** | | **3A.** If yes, what was your start date? Click or tap here to enter text. | | |
| **4.** Have you been unemployed for more than 27 consecutive weeks? | **YES** | **NO** | **5.** Are you of Hispanic or Latino Descent? | | **YES** | **NO** | |
| **6.** Is your primary language English? | **YES** | **NO** |

7. Do you have a family member that served in the military? Yes, currently serving Yes, veteran No

**8.** With which race(s) do you identify?

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| American Indian /Alaska Native Asian Native Hawaiian/ other Pacific Islander  Black/ African American White Choose not to identify |

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| --- | --- |
| **9. Please select any of the following that apply to you:** Is in a family with total family income below the poverty line.  Is an individual who receives or is eligible to receive free or reduced-price lunch.  Is a foster child on behalf of whom States, and local government payments are made.  Is a participant with a disability whose own income is the poverty line but who is a member of a family whose income is above the poverty line.  Is a homeless participant or a homeless child or youth or a runaway youth.  Is a youth living in a high poverty area.  None of the above | 10. Highest Educational Degree Completed:  Attained secondary school diploma  Attained secondary school equivalency  Received a certificate of attendance/completion because of successfully completing an Individualized Education Program (IEP)  Completed one or more years of post-secondary education  Attained an associate degree  Attained a bachelor’s degree  Attained a degree beyond a bachelor’s degree  No education level completed |
| **11. Credential received:**  Occupational licensure  Occupational certificate  Occupational certification  Other recognized diploma, degree, or certificate  No recognized credential | 11A. Date Credential Received: Click or tap here to enter text. |
| **12. Employment Status:** Employed  Employed, but received notice of termination of employment  Employed, training will help with my current position  Military separation is pending  Not in labor force  Unemployed | 13. Underemployed Worker Status:  I am not currently connected to a full time that commensurate with my level of education, skills, wage and/or salary earned previously or have obtained only episodic, short-term, or part-time employment.  None of the conditions described above describe me. |
| **14. In the past 6 months, have you received any of the following:**  Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.)  Assistance through the temporary assistance for needy family’s program under part A of Title IV of the Social Security Act (42 USC 601 et seq.)  Assistance through the supplemental security income program under Title XVI if the Social Security Act (42 USC 1381)  State or local income based public assistance  None of the above  15. Do you need assistance with the following? (Check all that apply):  Transportation  Childcare  Laptop loaner  Steel toe shoes (receipt of purchase required for reimbursement)  Counseling services  ESL Classes  Nutrition Services  None of the above 16. Voluntary Self Identification of Disability Yes, I have a disability (or previously had a disability) **Disabilities include;** but are not limited to: Autism Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS Blind or low vision Cancer Cardiovascular or heart disease Celiac disease Cerebral palsy | Deaf or hard of hearing Depression or anxiety Diabetes Epilepsy Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome Intellectual disability | Missing limbs or partially missing limbs Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS) Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression  No, I do not have a disability  I do not wish to answer | |
| Please list any accommodations you will need to participate in this apprenticeship program: Click or tap here to enter text. | |

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an apprenticeship, I understand that false or misleading information in my application or interview may result in my release. I also understand that information on this application may be shared with third parties to support students with job placement and training opportunities.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

FOR IN OFFICE USE – SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_