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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****.**

## 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 above15. 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 above16. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_