

## Arize Workforce Program

### - Application for Job Training -

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are you living in a shelter? \_\_\_\_\_

How many are living in your household \_\_\_\_\_ How many are under the age of 18 \_\_\_\_\_

How did you hear about our Job Training Program? \_\_\_\_\_

**Please list your last 3 places of employment:**

Employer	Job Title	Dates of Employment
1.		
2.		
3.		

**Highest Level of Education Completed:**

<input type="checkbox"/> Some High School	<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree in _____	<input type="checkbox"/> Other _____

**References:**

(List 2 references that are not relatives. These should be individuals that have known you well for 1 year or more.)

Name	Relationship	Phone #
1.		
2.		

**Transportation:**

Do you have a working vehicle: YES  NO

Do you live near a bus route: YES  NO  If YES, which bus route: \_\_\_\_\_

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**Income Sources: (Check any you receive)**

<input type="checkbox"/> Employment	<input type="checkbox"/> Social Security
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> SSI
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Child Support
<input type="checkbox"/> Pension / Retirement	<input type="checkbox"/> Other

**What is needed to overcome any obstacles that would interfere in your career path?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do you have a resume?** YES  NO

**Please list some of your strengths, skills, abilities and/or interests:**

1.	4.
2.	5.
3.	6.

**Please list all convictions of violent and non-violent felonies. Include date and jurisdiction. *If none, state none.***  
(Use additional sheets if necessary.)

\_\_\_\_\_  
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**- Consent for Release of Information for Criminal History -**

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Previous Last Name (Maiden Name) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race/Ethnicity \_\_\_\_\_ Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Previous Addresses for past 10 years:

1.
2.
3.
4.
5.
6.

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Applicant agrees to waive any privileges of confidentiality to permit any and all information to be released to the Norristown Hospitality Center Arize Program. Applicant expressly agrees and understands that any or all information obtained through this signed consent form may be used at the discretion of the Norristown Hospitality Center Arize Program in determining the applicant's suitability for obtaining a secured position at any corporation. A criminal history does not necessarily preclude applicant from an offered position and the results would be evaluated for employment.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Print Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_