



	Initials
Complete	<input type="checkbox"/>
Background Check	<input type="checkbox"/>
Orientation	<input type="checkbox"/>
FMP	<input type="checkbox"/>

STUDENT APPLICATION

Any request for information marked with a pound (#) indicates required information. Any request for information marked with an asterisk (*) indicates voluntary compliance and the applicant is not required to complete. Forward Training Center is a not-for-profit organization and demographic data gathered from the population served increases the opportunity for finding from grants, which is vital for continued programming.

Your response to any and all of the following questions WILL BE KEPT CONFIDENTIAL within FTC Leadership Team.

#Date: _____ / _____ / _____

GENERAL INFORMATION

#Name: _____ Nickname: _____

#Address: _____

#City: _____ #State: _____ #Zip _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Work Cell Phone: _____

#Email Address: _____

Work Email Address: _____

#Date of Birth: _____ / _____ / _____ #Gender: Male Female Prefer not to disclose

First Language: _____ Legal Status: Citizen Resident Other

I Identify My Ethnicity As:

White Hispanic/Latino Black/African American American Indian/Alaska Native

Multi-Racial Native Hawaiian/Pacific Islander Asian Other

MILITARY SERVICE

Branch: _____ Disabled: YES NO Retired: YES NO

HOUSING ARRANGEMENTS

Rent	
Apartment <input type="checkbox"/>	House <input type="checkbox"/>

Own Home Homeless Other: _____

CURRENT MARITAL STATUS

Are You: Single Engaged Cohabiting Married Separated Divorced Widowed

Spouse Name: _____

Address (if different from yours): _____

City: _____ State: _____ Zip: _____

Is your spouse employed? YES NO N/A

Who lives in the same house with you?

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approximate Household Monthly Income _____ (Data collected, anonymously identifies the underserved population in Hood County resulting in funding to continue to offer free education to the public.)

Do you have safe transportation? YES NO If NO, will you require transportation? YES NO

Will you need childcare during your training? YES NO

If YES, how many children and what ages? Number of children: _____ Ages: _____

CURRENT EMPLOYMENT STATUS

Check all that apply:

Unemployed Underemployed Part-time Job Full-time Job Self-Employed Retired

If employed, name of employer: _____

Where: _____

EDUCATIONAL BACKGROUND INFORMATION

Highest grade completed _____ HS Graduate or Equivalent Technical School Graduate

Less than 2 years of college Associate or Foundation Degree Less than 4 years of college

Bachelor's degree Some graduate hours Master's degree

Technical school degree field _____

College degree field _____

FINANCIAL INFORMATION

Do you have any sources of income? YES NO If yes, where does it come from?

Work	<input type="checkbox"/>	SNAP (Lone Star/WIC)	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>
Subsidized Housing	<input type="checkbox"/>	Child Support	<input type="checkbox"/>
Social Security (Retirement)	<input type="checkbox"/>	Temporary Aid to Needy Families (TANF)	<input type="checkbox"/>
Social Security Income (SSI) Disability	<input type="checkbox"/>	Family Financial Support	<input type="checkbox"/>
Pension/Investments	<input type="checkbox"/>	Workforce Solutions	<input type="checkbox"/>

Do you have health insurance? YES NO Subsidized (Obamacare)? YES NO

Do you have any medical conditions or allergies that would interfere with your participation in the program or that need special accommodations?

YES NO if YES, please explain _____

SECURITY

Have you been convicted of a felony? YES NO Are you currently on probation? YES NO

Have you ever had a problem with or been addicted to alcohol or drugs of any kind? YES NO

If YES, what was your substance of choice? _____

Are you enrolled at MHMR? YES NO Are you currently attending a recovery program? YES NO

Are you part of a support group or receiving other professional help? YES NO

Are you currently seeing a counselor or psychotherapist? YES NO

Are you willing to take a drug test? YES NO

Forward Training Center is a drug and alcohol-free organization. Staff, volunteers, and students can randomly be screened for drug and alcohol usage. Use of drugs or alcohol during class is grounds for expulsion.

ABOUT YOU

Do you attend church? YES NO If YES, where? _____

What are 5 positive things about you? 1. _____ 2. _____

3. _____ 4. _____ 5. _____

What are hobbies and interests? _____

What are your job skills? _____

What do you hope to learn by taking this program? _____

Are there any circumstances in your life that may interfere with participation in the program? YES NO

If YES, what? _____

Where have you worked	Position	Dates	Reason for leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Of all your jobs listed, which one did you like the best? Why? _____

How did you hear about FTC and our classes?

Newspaper <input type="checkbox"/>	Website <input type="checkbox"/>
Social Media <input type="checkbox"/>	Referral <input type="checkbox"/>
Drive By <input type="checkbox"/>	Walk-in <input type="checkbox"/>
Friend/Family Member <input type="checkbox"/>	Other <input type="checkbox"/> _____
Referral/Friend/Family <input type="checkbox"/>	Please provide referral name: _____

CLASSES

Class Preference Day Night Either

Jobs for Life Financial Literacy Affordable Housing Healthy Cooking

Dress for Success Computer Basics Email/Internet Windows 10/MS Office

MS Word MS Excel QuickBooks HSE ESL CAD

CCNA 1 (Intro to Networks) CCNA 2 (Switching, Routing, Wireless Essentials)

CCNA 3 Enterprise (Networking, Security, Automation) Business Builder Workshop

NEEDS ASSESSMENT

Check those services you need:

Availability/affordability of health services <input type="checkbox"/>	Affordable Housing <input type="checkbox"/>
Adult substance abuse <input type="checkbox"/>	Youth substance abuse <input type="checkbox"/>
Availability of transportation services <input type="checkbox"/>	Child abuse <input type="checkbox"/>
Availability/affordability of mental health services <input type="checkbox"/>	Lack of job skills for working age people <input type="checkbox"/>
Poverty <input type="checkbox"/>	Availability/affordability of dental services <input type="checkbox"/>

As a student with Forward Training Center I may be exposed to information or materials that are of a confidential nature. JfL curriculum values the ability to meet people's needs specifically and in a positive way and requires strict confidentiality of such information or materials. I will not disclose any such information regarding past or present students of FTC. Any communications must be referred to the Program Director or Executive Director.

By signing this form, I agree to protect the confidentiality of all individuals who have shared information with any representatives of the JfL class program that could be deemed potentially sensitive, personal, or private.

FTC documents or communications by staff may not be disclosed.

PERSON(S) TO NOTIFY IN AN EMERGENCY

1.	_____ Home Phone _____	_____ Cell Phone _____
2.	_____ Home Phone _____	_____ Cell Phone _____

STUDENT SIGNATURE: _____ Date: _____ / _____ / _____

RELEASE AUTHORIZATIONS

This form is to be completed by all participants. It is used to help this program provide a safe and secure environment for those who participate in its programs and use its facilities.

● INVESTIGATIVE REPORT

I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for disciplinary action or termination of past employment. I understand that as directed by policy, you may be requesting information from public and private sources about my criminal record, driving record, education, and previous employment.

I hereby authorize, without reservation, any law enforcement agency, court, institution, information service, employer, or other organization or person contacted by the employer or its agency to furnish the information described above.

● CONSENT, AUTHORIZATION, AND RELEASE FOR PHOTOGRAPH, AND OTHER MEDIA

I, (print name) _____ do permit and authorize Forward Training Center (FTC) and its employees, agents, and personnel who are acting on behalf of the organization to use my photograph or other likeness and interviews for purposes related to the education mission of the organization, including publicity, marketing, and promotion of the organization and its various programs. I understand my photograph or likeness may be copied and distributed by means of various media, including video presentations,

television, news bulletins, mail-outs, billboards, or signs, brochures, and placements on the FTC website. I understand that, although the FTC will endeavor to use my photograph or likeness in accordance with standards of good judgment, the organization cannot warranty or guarantee that any further dissemination of my photograph or likeness will be subject to the organization's supervision or control. Accordingly, I release the FTC from any and all liability related to dissemination of my photograph or likeness. I have read the above statements and understand their contents.

Signature: _____

Date: _____ / _____ / _____

Print your full name:

Previous last names you have had _____

Driver License # _____ State _____

Name as it appears on the license _____

Date of Birth _____

CONSENT FOR RELEASE OF HEALTH INFORMATION FOR EMERGENCY TREATMENT

I, _____ authorize Forward Training Center (FTC) to release the following medical information on my behalf, if I should become ill or injured while participating in any FTC activity. I understand that release of the information is for the sole purpose of assisting emergency medical personnel and/or any person I have listed below as my personal emergency contact.

Health Conditions: _____

Current Medications: _____

I GIVE MY CONSENT FREELY AND VOLUNTARILY AND UNDERSTAND THAT THIS INFORMATION WILL BE DESTROYED ONCE I CEASE TO BE INVOLVED IN THIS TRAINING PROGRAM.

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANYTIME BY SUBMITTING A WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR OF FORWARD TRAINING CENTER OF HOOD COUNTY.

Signature: _____ Date: _____

Emergency Contact: _____ Phone Number: _____