

Race:

- White
- Black
- Hispanic
- Native American
- Hawaiian/Other Pacific Islander
- Other

Age:

- 18-21
- 22-35
- 36-45
- 46-55
- 56+

Educational Level:

- Some High School
- High School Diploma or GED
- Some College
- 2 Year College
Concentration: _____
- 4 Year College
Concentration: _____
- Some Graduate School
- Graduate School
Concentration: _____

Section 2 Availability to Participate

Are you available to begin training immediately? _____ Yes _____ No

If not, when will you be available? _____

Can you commit to 9 weeks of training? _____ Yes _____ No

Section 3 Family and Income Information

Are you the head of household? _____ Yes _____ No

Do you have children? _____ Yes _____ No

Number children: _____

Ages of children _____

Are you a custodial parent? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

How many months were you unemployed during the past 12 months? _____

What was your individual income last year?

Please provide proof of income.

_____ Less than \$10,000

_____ More than \$10,000 but less than \$25,000

_____ Over \$25,000

Are you a non-custodial parent? _____ Yes _____ No

Section 4 Health Questions

Some training courses of Greater Bridgeport Community Enterprises, Inc. (The Green Team) may require students to wear respirators (face masks), heavy enclosed clothing (protective suits), and other protective gear. Beards/facial hair may interfere with the students' ability to wear this gear that is required by law. If it is determined by program training staff that your beard/facial hair makes it unsafe for you to participate in training, you may be asked to remove the beard/facial hair before admittance to the program.

Do you think this would be a problem for you? _____ Yes _____ No

Do you think you are able to wear a face mask/respirator? _____ Yes _____ No

Do you think you are able to wear a protective suit? _____ Yes _____ No

What is your general health? _____ Excellent _____ Good _____ Fair _____ Poor

Do you have any disabilities? _____ Yes _____ No

If yes, would your disability or health condition inhibit your ability to complete the training classes?
_____ Yes _____ No

Section 5 Employment Background

If you have worked anytime in the past twelve (12) months, please tell us about your work history. Start from your most recent employment. Include work you have been paid for and work you have done as a volunteer.

1. Most Recent

Employer Name: _____ Supervisor Name: _____

Supervisors Phone: _____

Employers Address: _____

Job Title or Description: _____

Wages per hour: _____ Hours per week: _____

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

2. Most Recent

Employer Name: _____ Supervisor Name: _____

Supervisors Phone: _____

Employers Address: _____

Job Title or Description: _____

Wages per hour: _____ Hours per week: _____

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

3. **Most Recent**

Employer Name: _____ Supervisor Name: _____

Supervisors Phone: _____

Employers Address: _____

Job Title or Description: _____

Wages per hour: _____ Hours per week: _____

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

Section 6 Previous Training

In the past, have you taken any of the courses that are listed in the Greater Bridgeport Community Enterprises, Inc. 9-week Weatherization/Healthy Homes program or other relevant course (i.e. OSHA 10, Carpentry, etc.)?
_____ Yes _____ No

If yes, please list all courses:

Course name _____ Certificate received _____ Year received _____

Course name _____ Certificate received _____ Year received _____

Course name _____ Certificate received _____ Year received _____

Section 7 Disclaimer and Signature

Information to the applicant: As part of our procedure for processing your training application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently enrolled, you may be discharged from the training class. You may make a written request for information derived from the checking of your references. If necessary for enrollment in training you may be required to submit to a drug test, or to sign a conflict-of-interest agreement and abide by its terms.
I understand and agree to the information shown above: I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment in the training program, I understand that false or misleading information in my application may result in my release from the program.

Signature: _____ Date: _____