

Greater Bridgeport Community Enterprises, Inc.

Application For Enrollment

Please complete this form if you have interest in participating in the Bridgeport Weatherized Healthy Homes Certificate Program. All information on this application will be kept strictly confidential and will not be shared with anyone outside the staff of Greater Bridgeport Community Enterprises, Inc. You must answer all questions that are applicable. You may be required to provide documentation for any of the information entered on this application. Some of the documentation you may be asked for includes, but not limited to the following: 1. Social Security Card; 2. Photo Identification with proof of age, i.e. Driver's License; 3. Proof of Income, i.e. pay stubs, or other justification.

Last Name F	irst Name	Middle Name
Home Address:	Phone Number:	
Street	Alternate Number:	
Apt.	Email Address:	
City		
State Zip Code	Date of Birth:	
Driver License#:	_ State Issuing Driver's Licen	se:
Driver License Expiration Date:		
Do you have access to a car?Yes	No	
Are you a Veteran? Yes No		
Are you a US Citizen or Permanent Resident?	Yes No	
If no, are you authorized to work in the US?	YesNo	
Have you ever been enrolled in a training course wi	th Greater Bridgeport Communi	ty Enterprises, Inc.?
Are you registered with Selective Service?	_ Yes No	
Are you justice impacted? Yes Yes (This is not necessarily a disqualification)	No	
If yes, explain:		

Race:	Age:	Educational Level:
 □ White □ Black □ Hispanic □ Native American □ Hawaiian/Other Pacific Islander □ Other 	☐ 18-21 ☐ 22-35 ☐ 36-45 ☐ 46-55 ☐ 56+	☐ Some High School ☐ High School Diploma or GED ☐ Some College ☐ 2 Year College ☐ Concentration: ☐ 4 Year College ☐ Concentration: ☐ Some Graduate School ☐ Graduate School ☐ Concentration: ☐ Concentration:
Section 2 Availability to Participa	te	
Are you available to begin training immedi	iately?	Yes No
If not, when will you be available?		
Can you commit to 9 weeks of training?	Yes	No
Section 3 Family and Income Info	ormation	
Are you the head of household?Y Do you have children?Yes		What was your individual income last year? Please provide proof of income Less than \$10,000
Number children:		More than \$10,000 but less than \$25,000
Ages of children		Over \$25,000
Are you a custodial parent?Yes	No	Are you a non-custodial parent?YesNo
Are you currently employed? Yes	No	
How many months were you unemployed o	during the past 12 mo	onths?

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?Y	es1	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 you Yes No			
Section 5 Employment Background			
If you have worked anytime in the past twelve (12) more your most recent employment. Include work you have			
1. Most Recent			
Employer Name:	Superv	isor Name:	
Supervisors Phone:			
Employers Address:			
Job Title or Description:			
Wages per hour: Hours per week:			
Dates of employment:	/Date ended)		
(Date started	/Date ended)		
2. Most Recent			
Employer Name:	Superv	isor Name:	
Supervisors Phone:			
Employers Address:			
Job Title or Description:			
Wages per hour: Hours per week:			
Dates of amployments			

(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			
9-week Weatherization/Healt Yes No If yes, please list all courses:		OSHA 10, Carpentry, etc.)?	
	Certificate received		
Course name	Certificate received	Year received	
Course name	Certificate received	Year received	
Section 7 Disclaimer and Signature	gnature		
employment references may be subsequently enrolled, you may information derived from the required to submit to a drug to I understand and agree to the of my knowledge.	t: As part of our procedure for processing your troe checked. If you have misrepresented or omitted ay be discharged from the training class. You may checking of your references. If necessary for enreest, or to sign a conflict-of-interest agreement and information shown above: I certify that my answered the training program, I understand that my release from the program.	d any facts on this application, and are y make a written request for ollment in training you may be d abide by its terms. ers are true and complete to the best	
Signature:	Date	Date:	