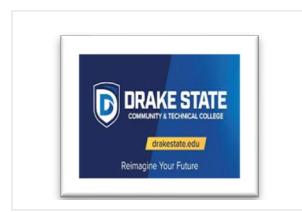




**ALABAMA ADVANCED MANUFACTURING
APPRENTICESHIP PROGRAM - CSI - PARTICIPANT APPLICATION**



SECTION 1: PROFILE INFORMATION	
Date	Name (First MI Last)
Birthdate	Social Security No. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Do you have a disability (physical or mental impairment) that you acknowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Status (Jobs for Veterans Act applicable with priority status given to Veterans and eligible Veteran's spouses.)	
<input type="checkbox"/> Transitioning Service Member (active-duty military within 24 months of retirement or 12 months of separation)	
<input type="checkbox"/> Veteran (more than 180 days served)	
<input type="checkbox"/> Veteran (less than 180 days served)	
<input type="checkbox"/> Military Spouse (see spouse eligibility)	
<input checked="" type="checkbox"/> spouse of member that died on active duty or of a service-connected disability <input checked="" type="checkbox"/> spouse of member of Armed Forces that was classified as missing in action, captured in line of duty, forcibly detained or interned in the line of duty by foreign power within 90 days of application <input checked="" type="checkbox"/> spouse of Veteran who has total disability resulting from service-connected disability or who died while a disability was being evaluated	
<input type="checkbox"/> Not Applicable/No Military Service	
Race/Ethnicity (Check all that apply.): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
SECTION 2: CONTACT INFORMATION	
Address	City, State Zip
Cell Phone	Email Address
Home Phone:	Emergency Contact & Phone
SECTION 3: EDUCATION INFORMATION	
Secondary Educational Level Completed: <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Individualized Education Program	
Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	
Highest post-secondary educational level completed (check all that apply):	
<input type="checkbox"/> One of more years of post-secondary education <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree	
<input type="checkbox"/> Industry Certifications or Professional Licenses	
If you checked any of the above, please provide list of degree(s), credentials, licenses and/or certifications obtained:	
Are you currently enrolled in an apprenticeship program (registered or unregistered)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If enrolled in apprenticeship, please provide program name:	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other (Please provide language.):	
Reason for participating in training (check all that apply):	
<input type="checkbox"/> Gainful Employment <input type="checkbox"/> Retain Employment <input type="checkbox"/> Promotion/Raise <input type="checkbox"/> Upgrade Skill Sets <input type="checkbox"/> Other	

SECTION 4: EMPLOYMENT INFORMATION

Are you currently employed? (Applies to paid or unpaid.) Paid Yes No Unpaid Yes No

If yes, please list your current employer:

Work Phone: _____ Current Position: _____

- Which of the following describes your employment status (check all that apply)?
- Employed (but seeking increase skills to earn promotion, wage increase or obtain new employment)
 - Employed (but received notice of termination of employment or military separation pending)
 - Underemployed (employed only part-time, temporary, or sporadically or employed full-time, but at a job below skills, education, training or past pay level)
 - Unemployed (due to company/facility layoff or closure)
 - Unemployed (seeking employment)
 - Long-term Unemployed (more than 27 weeks)
 - Not in Labor Force (Not employed and not seeking employment – includes incarcerated)

- Select all that apply to Dislocated Worker status:
- Displaced Worker (not eligible for unemployment compensation)
 - Displaced Worker (under notice of termination)
 - Displaced Self-Employed (loss of business due to economic and/or natural disaster in local area)
 - Displaced Homemaker (returning to workforce)
 - Displaced Spouse of Active Armed Forces (experienced loss of employment due to relocation)

Have you ever been arrested and/or convicted of a felony and/or misdemeanor that resulted in legal proceedings, criminal record and/or incarceration? Yes No

- Check all that apply to you and/or your family (currently and/or in the last 6 months):
- Temporary Assistance to Needy Families (TANF) Recipient (temporary financial assistance for basic needs)
 - Supplemental Nutrition Assistance Program (SNAP) Recipient (monthly food assistance)
 - Supplemental Security Income Program Recipient (financial assistance for disabled adults and children with limited income and assets)
 - Income-based Public Assistance Recipient (other state or local assistance not referenced above)
 - Homeless or Runaway
 - Disabled (with own income at or below poverty line but member of family whose income exceeds poverty line)
 - Low Family Income (total family income at or below the poverty line or below 70% of lower living standard)
 - Receives or Eligible for Free or Reduced Lunch
 - Youth in Foster Care (in a foster family that receives state or federal foster care payments on your behalf)
 - Youth Living in High Poverty Area (<18 years old & living in a census tract /county with ≥25% poverty rate)

I certify that the statements on this application are true and complete to the best of my knowledge. I hereby waive my rights under FERPA and allow the release of the above information to the ALAMAP Project team. I understand that my information will be released to the US Department of Labor to report employment, wage, and other information needed to verify training progression, completion, and training outcomes under the ALAMAP Project, an Alabama Community College System initiative funded through a US DOL ETA *Scaling Apprenticeship Through Sector-Based Strategies* grant.

Signature: _____ Date: _____

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