

**Application for Enrollment in
 Environmental Career Worker Training Program**
(Complete both sides of form)

General Information:

| | | | |
|---|--|--|------------------------------|
| Date: | | | |
| Last Name: | | First: | Middle: |
| Street Address: | | | |
| City: | | State: | Zip: |
| Phone (Home): | | Phone (Cell): | |
| Email: | | | |
| Race: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Other | | | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Birth Date (mm/dd/yy): ___ / ___ / ___ | SSN: _____ - _____ - _____ |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If No, are you legally able to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(proof required)</i> | |
| Name of relative/close friend: | | Phone # of relative/close friend: | |

Education:

| | | | |
|---|-----------------|---------|-------|
| High-School: | | | |
| Check which applies to you: <input type="checkbox"/> High-School Diploma <input type="checkbox"/> GED <input type="checkbox"/> No GED | | | |
| If no High-School Diploma, provide the Highest Grade Completed: | | | Year: |
| College (if applicable): | | | |
| College Name: | Major: | Degree: | Year: |
| Vocational Training (if applicable): | | | |
| Type of Training: | Institute Name: | Year: | |

Work History:

| | | | |
|--|---|---------------------------------|-----------------------------|
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Hourly wage rate: \$ _____/hour | |
| List employment history, starting with current or most recent job held: | | | |
| <u>Employer</u> | <u>Job Title</u> | <u>Dates Employed</u> | <u>Hourly Wage Rate</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| Are you willing to take a drug screening? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever participated in a job training program? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, provide name of program and dates attended: | | | |
| Do you want to work in the construction industry? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you want to work in the environmental industry? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever worked at an EPA Superfund job site? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, provide name of Superfund site and employer: | | | |

Applicant Signature: _____ **Date:** _____

Program Office to Complete:

| | |
|-------------------------------|--|
| Name of ECWT Program: | |
| Date of Program Start-Up: | Date Student Enrolled: |
| Required Documents Checklist: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License (or valid state ID) <input type="checkbox"/> Social Security Card <input type="checkbox"/> High-School Diploma or GED (if applicable) <input type="checkbox"/> Income Verification (if unemployed for 6 months or greater, obtain signed document attesting to unemployed status) |