

Training Application

West End Neighborhood House, Inc. is an equal opportunity employer. Qualified applicants will receive consideration without discrimination based on race, religion, marital status, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

West End Neighborhood House · 710 N. Lincoln Street · Wilmington, DE 19805 · 302-658-4171 · www.westendnh.org

PERSONAL

Last Name	First	Middle	Today's Date
Former name or alias			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Cell Phone Number
City, State, Zip			Home Phone Number
Email Address			Date of Birth
Are you a citizen of the United States and/or legally eligible for employment in the United States? YES NO			Social Security Number
If no, do you possess an Alien Registration Card? YES NO			
Ethnicity and Race: Check all that apply			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White			
Languages Spoken			Do you have a valid Driver's license? YES NO

FAMILY

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Do you have children? YES NO If yes, how many children? _____ Ages of children: _____
Family Income <input type="checkbox"/> \$0 - \$10,830 <input type="checkbox"/> \$10,831 - \$14,570 <input type="checkbox"/> \$14,571 - \$18,310 <input type="checkbox"/> \$18,311 - \$22,050 <input type="checkbox"/> \$22,051 - \$25,790 <input type="checkbox"/> \$25,790 - \$29,530 <input type="checkbox"/> \$29,531 - \$33,270 <input type="checkbox"/> \$33,271 - \$37,010 <input type="checkbox"/> \$37,011 - \$40,000 <input type="checkbox"/> > \$40,000	
State/Federal Assistance (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SNAP/Assistance for Food <input type="checkbox"/> SSI (Social Security) <input type="checkbox"/> Medicare <input type="checkbox"/> TANF/Cash Assistance <input type="checkbox"/> SSDI (Disability) or Aid to the Blind <input type="checkbox"/> WIC (Women, Infants & Children) <input type="checkbox"/> Worker's Compensation	
Check all devices available for your use at home: <input type="checkbox"/> None <input type="checkbox"/> iPhone <input type="checkbox"/> iPad <input type="checkbox"/> Chrome Book <input type="checkbox"/> Computer <input type="checkbox"/> Android Phone <input type="checkbox"/> Android Tablet <input type="checkbox"/> Other: _____	

E
D
U
C
A
T
I
O
N

School	Name/Location of School	Course of Study	Years Completed	Graduate Y/N	Degree, Diploma, or Certification
High School					
Trade					
College					
Graduate School					
Other					

E
M
P
L
O
Y
M
E
N
T

Employment Status

Employed Full-Time
 Unemployed (Available and actively seeking a job)
 Dislocated Worker
 Employed Part-Time
 Not in Labor Force (Not employed and not seeking a job)
 Re-entry/IADAPT

Were you employed in the last six (6) months? YES NO

Name of most recent employer	Employer's location
Start Date End Date	Title

Have you completed any of the following certifications?

OSHA Construction Safety (OSHA 10) Date completed: _____
 HAZWOPER (Hazardous Waste Operations and Emergency Response)/OSHA Waste Site Worker Date: _____
 Lead Safety for Renovation, Repair, and Painting (Lead Safety RRP) Date: _____
 Asbestos Worker Date: _____
 Forklift Operation/Safety Certification Date: _____
 Base Level Water Operator Date: _____
 Wastewater Operator (Wastewater I) Date: _____

List any other certifications completed or relevant training experience

Have you ever been convicted of a criminal offense (misdemeanor or felony)? YES NO

Misdemeanor charge(s): _____ Year(s): _____

Felony charge(s): _____ Year(s): _____

Do you have any scheduled court dates? YES NO If yes, please provide dates: _____

Military

Do you currently or have you served in the U.S. Armed Forces?

YES

NO

If "Yes," in what Branch?

Describe any training received relevant to program:

EMERGENCY INFORMATION CARD

In case of an emergency, please notify:

Name of contact #1

Relationship to you

Day-time phone

Cell phone

Name of contact #2

Relationship to you

Day-time phone

Cell phone

Allergies (to medications, food, etc.)

Present medications

Known health issues

E
M
E
R
G
E
N
C
Y

How did you hear about us? Check all that apply

- West End employee
- Social Service Agency. Name of agency: _____
- West End customer. Name of customer: _____
- Flyer. Where? _____
- Television or radio advertisement. What station? _____
- Dept. of Labor or DOL One-Stop
- Division of Vocational Rehabilitation (DVR)
- Veterans' Employment & Training Service
- Probation or Parole. Name of probation/parole officer: _____ Phone: _____
- Other. Please specify: _____

What OTHER services might you be interested in?

- GED/Basic Skills Instruction
- Employment Assistance (Job Coaching/Search, Resume Building)
- Youth Services (After School Programming, Summer Camp for youth ages 5-12)
- Financial Services (Payday Loans, Security Deposit Loans, Credit Counseling, Financial Coaching)
- Cornerstone West (Home Ownership Counseling or Purchase)
- Emergency Assistance (Food, Clothing, Utility/Rental Assistance)
- WIC (Women, Infants, & Children)

O
T
H
E
R

Other Contact Info:

Facebook Name: _____

Is it ok to contact: YES NO

Instagram: _____

Is it ok to contact: YES NO

Twitter: _____

Is it ok to contact: YES NO

Please list any additional information that you would like us to know

Applicant's Signature

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED

The information I have provided in this application is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am enrolled, cause for immediate termination of my enrollment in the program.

I authorize the investigation of all matters contained in this application and hereby give West End Neighborhood House permission to contact schools, previous employers, references and others. I hereby release West End Neighborhood House and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact.

Date

Signature