

Date: _____

Applicant Information

Name: First: _____ Middle: _____ Last: _____

Address: _____

Home Phone:* _____ Cell Phone:* _____

Email:* _____

Date of Birth: _____ SSN: _____

I identify my gender as: Male Female Non-BinaryAre you U.S. citizen? Yes No If not, are you authorized to work in the United States? Yes NoDo you have a valid driver's license? Yes No If yes, State & Number: _____

Languages Spoken: _____

The following question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping. You will not be penalized for refusal to answer.

Race/Ethnicity (check all that apply): White Black or African American Hispanic or Latino Alaskan Native or Native American
 Asian (not Hispanic) Native Hawaiian or Pacific Islander Other

* Please provide your contact information. In entering the Environmental Workforce Training Program and receiving tuition assistance, you agree to be contacted for four calendar quarters from training completion to give updates on your career advancement.

Education

Highest grade completed in school (check one): 1 2 3 4 5 6 7 8 9 10 11 12Degree Received (check one): High School Diploma IEP Certificate GEDPost-Secondary (check one): College Trade/Vocational SchoolYears Completed (check one): 1 2 3 4 5+Highest Degree Received: Vocational Associate Bachelor's Master's Doctoral

Course of Study: _____ Date Graduated: _____

Issuing Institution: _____ State/Country: _____

Veteran Status

Are you a veteran? Yes No

If yes, what branch? _____ Dates of active service: _____ through _____

Employment

Current Employment Status:

- Employed Full Time Employed Part-Time Underemployed Unemployed (available & actively seeking a job)
 Dislocated Worker Long-term Unemployed Not in Labor Force (not employed & not seeking a job) Retired

If unemployed, date of work separation? _____

Are you receiving unemployment benefits? Yes No

Do you have a valid occupational certificate or license? Yes No

Certificate/License: _____ Issue Date _____

Issuing Organization or Locality: _____ State: _____ Country: _____

Please list the last two places you have worked:

Employer: _____ Start Date: _____ End Date: _____

Address: _____ Phone: _____

Job Title: _____

Job Duties: _____

Employer: _____ Start Date: _____ End Date: _____

Address: _____ Phone: _____

Job Title: _____

Job Duties: _____

Additional Information

Do you have reliable transportation? Yes No

State/Federal Assistance (check all that apply):

- None Medicaid Unemployment Insurance SNAP/Assistance for Food
 SSI (Social Security) Medicare TANF/Cash Assistance SSDI (Disability) or Aid to the Blind
 WIC (Women, Infants, & Children) Worker's Compensation Other: _____

What devices are available for your use at home (check all that apply)?

- None iPhone iPad Android Phone Android Tablet Chromebook Computer Laptop Other

Objective

What kind of job or career are you seeking? _____

What workplace strengths, skills, and abilities do you possess (e.g., punctuality, typing, calculating, laboratory techniques, ability to read blueprints, or knowledge of specific computer programs)? _____

What sort of work are you seeking? Any Full Time Part-time

What salary are you hoping to earn? \$ _____ per hour day week month year

Are you willing to work outdoors? Yes No

I am willing to work within (check one) 5 10 25 50 100 miles or more of zip code _____

I am willing to relocate: Yes No

I am willing to travel out-of-town when required for work: Yes No

Other

How did you hear about the Environmental Workforce Training Program? Please check all that apply. Specify, if applicable, where you received your information.

- Earth Conservancy
- Penn State University - Wilkes-Barre
- Outreach
- CEO
- EPCAMR
- Workforce Development Board/PA CareerLink® (where?) _____
- Veterans' Services Agency (name) _____
- Other Agency (name) _____
- Flyer/Brochure (from where?) _____
- Media Story (from where?) _____
- Advertisement (from where?) _____
- Website (which one?) _____
- Social Media (which one?) _____
- Friend
- Relative
- Church/Pastor
- Other: _____

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 Earth Conservancy and its program partners permission to contact schools, previous employers, and others. I also understand a criminal background check is required and that my admission may be conditioned on satisfactory results. I hereby release Earth Conservancy, its program partners, and those contacted from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact.

Signature: _____ **Date:** _____

Once your application is complete, please mail to the following for review:

Dr. Elizabeth W. Hughes
Earth Conservancy
101 South Main Street
Ashley, PA 18708

You may also fax your application to 570.823.8270 or email it to e.hughes@earthconservancy.org