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# TECH AFTER HOURS APPLICATION FOR TRAINING

**Please mail the completed form to Tamika Craig, P.O. Box 6214, Erie, PA 16512 OR email to erietechafterhours@gmail.com**

## APPLICANT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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|  |  |  |  |
|  | City | State | ZIP Code |

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| Phone: |  | Email |  |

In Case of Emergency contact (First and Last name, Address, Best contact number with area code)

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| ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ | Program Selection:  Construction Trades  Machine Technology Welding Technology | | | | | | | | |
|  | Briefly describe why you are interested in training. How will this job training benefit you?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where did you hear about us?  Agency referral  Newspaper ad  Social Media  Friend/Family  Community flyer  Other | | | | | | | | |
| \_­ |  | | | | | | | | |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | | | | YES | NO\* | |
|  |  |  |  | | | |  |  | |
| *\*If No* , *Type of Visa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Exp date\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | |
| Are you a resident of the Commonwealth of Pennsylvania?  Yes  No | | | | | | | | | |
| ­­­­­­ ­­­­­  ­­­­­­­­­­­­­­­  Have you ever been convicted of a felony? | | | | YES | NO |  | | | |

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| If yes, explain: |  |
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## EDUCATION

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| --- | --- | --- | --- |
| High School: |  | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

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| College/Trade School: |  | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

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| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## EMPLOYMENT HISTORY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company: |  | | Phone: |  |
| Address: |  | | Supervisor: |  |
| Responsibilities: | |  | | |

Job Title: Rate of pay: $­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

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| From: |  | To: |  | Reason for Leaving: |  |

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|  | |  |  |  | |
| Company: |  | | | Phone: |  |
| Address: |  | | | Supervisor: |  |

Job Title: Rate of pay: $­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

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| Responsibilities: |  |

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| From: |  | To: |  | Reason for Leaving: |  |

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|  | |  |  |  | |
| Company: |  | | | Phone: |  |
| Address: |  | | | Supervisor: |  |

Job Title: Rate of pay: $­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­

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| Responsibilities: |  |

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| From: |  | To: |  | Reason for Leaving: |  |

## UNEMPLOYMENT

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| From: |  | To: |  |

Please explain gaps in employment: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| From: |  | To: |  |

Please explain gaps in employment: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Military

Are you eligible for Veterans Benefits?  Yes  No

Is there anything that would prevent you from fulfilling the requirements of the training program?  Yes  No

If yes, please explain: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

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| --- | --- |
| If other than honorable, explain: |  |

## PLEASE READ AND SIGN BELOW

I certify that my answers are true and complete to the best of my knowledge. My signature below indicates that I have read, understand, and completed statements on this application for training.

I understand that any omission or false statement made by me will result in disqualification, discharge from training, or the revocation of completion certificate.

|  |  |
| --- | --- |
| Please print (first, last name): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |