

JOB TRAINING AND ECONOMIC DEVELOPMENT (JTED) APPLICATION (ROUND 2)

Profile

First Name:

Last Name:

Date of Birth:

Social Security Number: Yes Yes, but I don't have my card No

If the participant has their Social Security number, enter the number.

Email:

Housing:

- No housing and not living in a shelter
- Living in a shelter
- In a rapid rehousing program
- In a correctional facility
- Stable housing (own/rent)

If the participant indicated they live in a shelter, are in a rapid housing program, or are in a correctional facility, collect the name of the Organization/Facility:

Street Address 1:

Street Address 2:

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City:

State:

Zip Code (Plus 4):

Phone access:

- Have a phone
- I don't have a phone but have access to making calls and/or receiving messages
- I do not have access to a phone.

If the participant has access to a phone, enter the primary phone number:

Phone Type: Mobile Home Work Other

Marital Status: Married Single Divorced Other

What racial or ethnic groups best describe you? (Select all that apply.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- Hispanic or Latino
- White
- Other
- Prefer not to answer

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What sex were you assigned at birth, on your birth certificate:

- Male
- Female
- Prefer not to answer

How do you currently describe yourself:

- Male
- Female
- Transgender
- I use a different term
- Decline to answer

Are you authorized to work in the US? Yes No

If not, would you like assistance to become authorized to work in the US? Yes No

Select the option that best describes your situation:

- I am unemployed.
- I received a termination notice within the last 90 days.
- I am qualified to have a higher skilled position than my current job.
- I am interested in receiving training to advance my career with my current employer. (If this is selected, collect the Hourly Wage: _____)
- I am employed but need skills to increase my employment options.
- I am a youth between the ages 16 – 24 and interested in a training program.

Select any of the following situations that apply to you:

- Immigrant
- Migrant
- Refugee
- Justice Involved Returning Resident
- Live in a rural area
- None of the above
- Prefer not to answer

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Military Status:

- Active Military
- Recently Separated Veteran
- War or Combat Veteran
- Retired Veteran
- Disabled Veteran
- Dishonorable Veteran
- None

If the participant is male and 18 years old or older, ask if they are registered with Selective Service.

- Yes No I have a Selective Service waiver

If they are not registered with the selective services, ask if they would like assistance registering for Selective Service. Yes No

Do you or your household receive public assistance? Yes No

How many people are in your household?

If the participant does not receive public assistance, ask them for their monthly household income.

If the participant or provider's address is not in a QCT or DIA, ask the participant How have you been negatively impacted by COVID?

- No negative impact
- Unemployed
- Increased food or housing insecurity
- Health Related
- Lost instructional time in K-12 schools (any student that lost access to in-person instruction for a period of time.)

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Education

Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)? Yes No

Highest Level of Education: [\(Check the highest level of education only\)](#)

None 1st grade 2nd grade 3rd grade 4th grade
 5th grade 6th grade 7th grade 8th grade

H.S. Freshman H.S. Sophomore H.S. Junior
 H.S. Senior - Did Not Attain H.S. Diploma
 H.S. Senior - Attained H.S. Diploma

Col. Freshman Col. Sophomore Col. Junior Col. Senior
 Associate's Degree Bachelor's Degree Master's Doctorate

GED Certificate of Attendance/Completion
 Other Post-Secondary Degree or Certificate

Do you know if you've taken any of these assessments in the last 6 months?

TABE CASAS ESL Other

Can you follow basic written instructions and diagrams with no help or just a little help? Yes
 No

Can you fill out basic medical forms and job applications? Yes No

Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? Yes No

Can you do basic tasks on a computer? Yes No

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Education

Do you speak and read English well enough to get and keep a job?

Yes No

Were they able to complete this form on their own? Yes No

Have you earned any occupational credentials or certificates? If yes, enter the credential and or certificate below:

Title

Date Earned

Credential/Certificate Type

Title

Date Earned

Credential/Certificate Type

If you have a degree, certificate, license, or credential:

- Do you have work experience in the field that you trained in? Yes No
- If yes, can you still perform the job you have been trained in? Yes No

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Skills and Interests

What are three things you would like to get out of this program?

1.
2.
3.

What type of work would you like to do?

- Technical (example: Perform mechanical, information technology, mathematical, or scientific tasks.)
- Management (example: Organize and lead others to reach a common goal.)
- Craftsmen/Foreman (example: Perform a trade or handicraft.)
- Service (example: Cares for or provides services to others.)
- Farm/Other Labor (example: Raise crops/animals or perform physical work.)
- Clerical (example: Perform general office duties.)
- Sales (example: Sell products/services.)
- Other

What type of training would be best for you? Select all that apply.

- Classroom Instruction
- Training that I get while on the job (like OJT, apprenticeship, work experience)

What schedule are you willing to work?

- Day Shift
- Evening Shift
- Night Shift
- Weekdays
- Weekends

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Work History

What is your current employment status?

- I have not worked before. This will be my first job.
- I am employed.
- I am employed but I have received a notice of termination/layoff.
- I am unemployed, and I have been actively looking for work.
- I am unemployed, but I have not been actively looking for work.

If employed who is your current employer?

Employer Name

Start Date

Job Title

Employer Address:

Street Address 1

Street Address 2

City

State

ZIP Code

Job Duties

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Hours worked per week

Does this job meet your needs? Yes No

Why or why not?

If you are no longer with this employer provide the following information.

Reason for leaving

Was this your primary employment? Yes No

Were you self-employed? Yes No

Signature

I (participant) declare that all the information submitted in the application is correct, true, and valid. I will present the supporting documents as required.

Participant Signature

Date

Case Manager's Signature

Date