



# ANEW

BUILDING PEOPLE, BUILDING COMMUNITIES



PTC\_Enrollment  
Form\_2019.pdf

## Passport to Careers Enrollment Form

Date: \_\_\_\_\_

### Contact Information

Name (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (last) \_\_\_\_\_

Address (street) \_\_\_\_\_ (apt./unit) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (county) \_\_\_\_\_

Phone \_\_\_\_\_ Indicate preferred contact:  Cell  Text  Email

Email (print clearly) \_\_\_\_\_

### Program Information

Have you ever previously been enrolled in a pre-apprenticeship or an apprenticeship program?  Yes  No

If yes, which one?  ANEW-TRP  PACE  SVI  YouthBuild  TRAC  Other: \_\_\_\_\_

### Outreach & Recruitment Information

How did you hear about ANEW?

- Friend
- Pre-Apprenticeship program
- Newspaper
- Social media (indicate)
- Employer

- WorkSource
- Apprenticeship program
- Event (name): \_\_\_\_\_

Where did you start your application?

- Info session
- Walk-in

- Event
- Referral: \_\_\_\_\_

**Self-Identification Information**

Date of Birth: \_\_\_\_\_ Social Security number (optional) \_\_\_\_\_

What is your family size?

- 1  2  3  4  5  6  7+

Do you have children or dependents?  Yes  No

If yes, how many? \_\_\_\_\_

What are their ages?

- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you currently receiving any of the following services? (Please check all that apply)

- Passport to College financial assistance
- SNAP/food stamps
- Unemployment
- TANF (WorkFirst  Yes  No WorkFirstEJAS #: \_\_\_\_\_)
- SSI/SSDI
- Other support services: \_\_\_\_\_
- I don't receive any of the services above

What is your current household type?

- Single adult  Receive government assistance for housing
- Single minor  Foster family
- Couple, no children  Unaccompanied homeless youth

What is your current living situation?

- Rent house or apartment  Live in a public housing community or shelter
- Own residence  Foster care/ extended foster care
- Transitional/temporary housing  Work release (completion date: \_\_\_\_\_)
- Homeless

Are you currently or have you ever been in foster care?  Yes  No

Can you speak, read, and write in English?  Yes  No

What is the primary language spoken in the home, if other than English?

- Amharic  Somali
- Arabic  Spanish
- Chinese  Tagalog
- Korean  Ukrainian
- Punjabi  Vietnamese
- Russian  Other: \_\_\_\_\_

How do you identify?

- Male  Non-binary
- Female  Other: \_\_\_\_\_
- Transgender  Prefer not to disclose

Are you of Hispanic, Latino, or of Spanish origin?  Yes  No

**How do you best describe yourself?**

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- More than one race
- Prefer not to disclose

**Additional Questions**

- Do you have challenges understanding math or written instructions?  Yes  No
- Do you have a disability or require accommodations for a medical condition?  Yes  No
- Are you currently or in the last 12 months receiving mental healthcare?  Yes  No
- Are you currently or in the last 12 months receiving care for drug or alcohol addiction?  Yes  No
- I prefer not to disclose this information  Yes

**Health care coverage?**

- Yes Provider: \_\_\_\_\_
- No

**Driver's license status?**

- Yes State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_
- No

**What is your current status? Your response is protected.**

- Citizen
- Legal Resident
- Immigrant
- Refugee

**Veteran status?**

- Eligible veteran
- Spouse of eligible veteran
- Not applicable

**Education**

**What is your current education status? (Check all that apply)**

- Attending high school or equivalent
- Enrolled in GED program
- Attending post-secondary/vocational training
- HS Diploma
- Completed GED
- No high school diploma
- Associate degree
- Technical or Vocational certificate
- Bachelor's degree
- Masters or Doctoral degree
- Some college

**Do you have access to your transcripts?**

- Yes What school district or college did you attend: \_\_\_\_\_
- No

**Court Involvement**

*Please note:* We ask these questions to better assist you with placement into employment.

**Have you ever been convicted of a crime?**

- No
- Yes, *Misdemeanors only*
- Yes, *Misdemeanors and Felony*
- Yes, *Felony only*

Currently on probation or in Work Release?  Yes  No

If yes, please provide following:

County: \_\_\_\_\_ Duration (till when?): \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have any pending legal matters (such as child support, criminal, civil, etc.)?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have any pending court dates?  Yes  No

If yes, please describe: \_\_\_\_\_

## Employment History

What is your current employment status?

- Employed - full-time
- Employed - part-time
- Employed - seasonal
- Not employed - looking for work
- Currently on Unemployment
- Other: \_\_\_\_\_

<b>Current or most recent employment</b>	Employer:		Starting Hourly Wage:	
	City, State:		Ending Hourly Wage:	
	Job title:		Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:	
<b>Previous employment (just prior to current or last job)</b>	Employer:		Starting Hourly Wage:	
	City, State:		Ending Hourly Wage:	
	Job Title:		Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:	

## Emergency Contact

Name (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (last) \_\_\_\_\_

Address (street) \_\_\_\_\_ (apt./unit) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (county) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you \_\_\_\_\_

## Information Verification Statement

Please read and initial the statements below and provide your signature and date.

\_\_\_\_\_ I certify that the information provided is true to best of my knowledge. I am also aware that the information I have provided is subject to review and verification by ANEW staff, and I may have to provide documentation to support the information provided.

\_\_\_\_\_ I allow release of this information for verification purposes and understand that it will be used to determine eligibility of services. I understand that receiving services is subject to availability of funding and that training and/or services are not guaranteed to me. I understand that if I am enrolled for pre-apprenticeship training, my employment status will be tracked by ANEW for up to 2 years.

\_\_\_\_\_ In order to verify the information or conduct further program evaluation, I understand it may be necessary to collect additional information from records at the Washington State Achievement Council. This information would include but not be limited to Washington State Employment Security Department, Social Security Administration, or TANF (Temporary Assistance to Needy Families) records. The Washington State Basic Food Employment and Training (BFET) program helps ANEW provide job search, job search training, self-directed job search, and skills training to Supplemental Nutrition Assistance Program (SNAP) recipients.

\_\_\_\_\_ My signature indicates willingness to be screened through a Washington state connection and allows the release of this information and job placement data to ANEW staff and researchers for program monitoring, research, verification, additional data collection, and evaluation purposes.

\_\_\_\_\_ My personal information will not be provided to any outside person or agency except where needed to determine eligibility for related programs or grant reporting purposes. Information provided on this form will not affect any benefits I am already receiving from other agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Non-Discrimination Policy Statement

ANEW follows an equal opportunity employment and training policy and does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, background, or marital status.

### To be completed by ANEW Staff

Student entered into the database:  No  Yes

By ANEW Staff: \_\_\_\_\_ date: \_\_\_\_\_

Passed to Program Manager:  in-person  scan email date: \_\_\_\_\_