**ALABAMA ADVANCED MANUFACTURING**

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**College**

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**APPRENTICESHIP PROGRAM - PARTICIPANT APPLICATION 04-20**

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| SECTION 1: PARTICIPANT INFORMATION | | | |
| Date | Name (First MI Last) | | |
| Address | | City, State Zip | |
| Cell Phone | | Email Address | |
| Home Phone: | | Emergency Contact & Phone | |
| Social Security No. | | Date of Birth | Gender  Female  Male |
| Are you a U.S. Citizen?  Yes  No | | Are you eligible to work in the U. S.?  Yes  No  If no, explain: | |
| Race/Ethnicity (Check all that apply.):  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  Hispanic/Latino White/Caucasian  Other | | | |
| Military Status (Jobs for Veterans Act applicable with priority status given to Veterans and eligible Veteran’s spouses.)  Transitioning Service Member (active duty military within 24 months of retirement or 12 months of separation)  Veteran (more than 180 days served)  Veteran (less than 180 days served)  Military Spouse (see spouse eligibility)   * spouse of member that died on active duty or of a service-connected disability * spouse of member of Armed Forces that was classified as missing in action, captured in line of duty,   forcibly detained or interned in the line of duty by foreign power within 90 days of application   * spouse of Veteran who has total disability resulting from service-connected disability or who died while a disability was being evaluated   Not Applicable/No Military Service | | | |
| Have you ever been arrested and/or convicted of a felony and/or misdemeanor that resulted in legal proceedings, criminal record and/or incarceration?  Yes  No | | | |
| Do you have a disability (physical or mental impairment) that you acknowledge?  Yes  No | | | |
| Primary Language:  English  Other (Please provide language.): | | | |
| Check all that apply to you and/or your family (currently and/or in the last 6 months):  Temporary Assistance to Needy Families (TANF) Recipient (temporary financial assistance for basic needs)  Supplemental Nutrition Assistance Program (SNAP) Recipient (monthly food assistance)  Supplemental Security Income Program Recipient (financial assistance for disabled adults and children with limited income and assets)  Income-based Public Assistance Recipient (other state or local assistance not referenced above)  Homeless or Runaway  Disabled (with own income at or below poverty line but member of family whose income exceeds poverty line)  Low Family Income (total family income at or below the poverty line or below 70% of lower living standard)  Receives or Eligible for Free or Reduced Lunch  Youth in Foster Care (in a foster family that receives state or federal foster care payments on your behalf)  Youth Living in High Poverty Area (<18 years old & living in a census tract /county with ≥25% poverty rate) | | | |
| Reason for participating in training (check all that apply):  Gainful Employment  Retain Employment  Promotion/Raise  Upgrade Skill Sets  Other | | | |

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| SECTION 2: PARTICIPANT EMPLOYMENT INFORMATION | |
| Are you currently employed? (Applies to paid or unpaid.) Paid  Yes  No Unpaid  Yes  No | |
| If yes, please list your current employer: | |
| Work Phone: | Current Position: |
| Which of the following describes your employment status (check all that apply)?  Employed (but seeking increase skills to earn promotion, wage increase or obtain new employment)  Employed (but received notice of termination of employment or military separation pending)  Underemployed (employed only part-time, temporary or sporadically or employed full-time, but at a job below skills, education, training or past pay level)  Unemployed (due to company/facility layoff or closure)  Unemployed (seeking employment)  Long-term Unemployed (more than 27 weeks)  Not in Labor Force (Not employed and not seeking employment – includes incarcerated) | |
| Select all that apply to Dislocated Worker status:  Displaced Worker (not eligible for unemployment compensation)  Displaced Worker (under notice of termination)  Displaced Self-Employed (loss of business due to economic and/or natural disaster in local area)  Displaced Homemaker (returning to workforce)  Displaced Spouse of Active Armed Forces (experienced loss of employment due to relocation) | |

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| SECTION 3: PARTICIPANT EDUCATION INFORMATION |
| Secondary Educational Level Completed:  HS Diploma  GED  Individualized Education Program  Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 |
| Highest post-secondary educational level completed (check all that apply):  One of more years of post-secondary education  Associate Degree  Bachelor Degree  Graduate Degree  Industry Certifications or Professional Licenses  If you checked any of the above, please provide list of degree(s), credentials, licenses and/or certifications obtained: |
| Are you currently enrolled in an apprenticeship program (registered or unregistered)?  Yes  No  If enrolled in apprenticeship, please provide program name: |

I certify that the statements on this application are true and complete to the best of my knowledge. I hereby waive my rights under FERPA and allow the release of the above information to the ALAMAP Project team. I understand that my information will be released to the US Department of Labor to report employment, wage, and other information needed to verify training progression, completion and training outcomes under the ALAMAP Project, an Alabama Community College System initiative funded through a US DOL ETA *Scaling Apprenticeship Through Sector-Based Strategies* grant.

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