

Participant Application

PARTICIPANT DETAILS			
Last Name:	First Name:	MI:	Social Security #:
Home Phone:		Driver's License #:	
Cell Phone:			
Primary Street Address:		Email:	
City:	State:	Zip:	
DEMOGRAPHIC & GENERAL INFORMATION			
Date of Birth: _____	Gender: Male Female	Race: American Indian/Alaskan Native Asian White	
Citizenship Status: US Citizen US Permanent Resident Lawfully admitted alien with right to work		Black/African American Native Hawaiian/Pacific Islander	
Are you willing to relocate? Yes No Are you willing to participate in an internship? Yes No		Multi-Racial Hispanic Other _____	
Have you ever been convicted in a court of law? (A yes answer does not exclude you from the program.) Yes No		Limited English: Yes No Do you consider yourself to have a disability? Yes No If yes, what? _____	
VETERAN STATUS: Are you a Veteran: Yes No Are you the spouse of a Veteran? Yes No Note: As a Veteran, please provide a copy of your military form (DD214 Form). As the spouse or dependent of a Veteran, please provide a copy of your military identification.			
EDUCATION STATUS: Enrolled currently in school: Yes No Highest Grade Completed: ____ GED HS Diploma Voc. Cert AA/AS Degree BA/BS Master's + Certification(s) Obtained: _____			
EMPLOYMENT STATUS: Are you currently employed? Yes No Name of Employer _____			
<u>NEEDS ASSESSMENT: As a grant participant, you may receive supportive services as needed, if justified. Please select all services that you would like to receive.</u>			
Childcare Assistance Transportation Assistance			

TRAINEE (Attestation):

I certify, by my signature, that I have read and acknowledge that the information on this form is accurate. Information is being provided to establish eligibility for training and employment services under the \$1.8 million America's Promise Grant sponsored by the U.S. Department of Labor and is subject to all applicable Federal and State confidentiality laws. The EO data will be maintained in a manner that allows the individuals from whom the data was collected to be identified, and that ensure confidentiality. I understand that I must maintain a grade of 'C' or better in each program class or miss no more than one (1) day in each training class to be funded by the America's Promise Grant. I also understand that if I drop out of any program course, I will be responsible for the total cost of my courses.

Participant Signature: _____

Date: _____

In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses social security numbers (SSNs) if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College's duties and responsibilities. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it."