



E³ Educate. Empower. Employ.
Chatham Apprentice Program / Step Up Savannah
Application

DEMOGRAPHICS

Last Name		First		M.I.	Birth Date				
Street Address				Apartment/Unit #					
City		State/ Zip		Last 4 # of SSN					
Phone		E-mail Address							
Alternate Phone				Gender					
Ethnicity	Are you Hispanic or Latino? YES <input type="checkbox"/> NO <input type="checkbox"/>	Race	African American Latino or Hispanic Native American	Caucasian Asian, Pacific Islander Other (please specify): _____					
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>				
If you are male, have you Registered for Selective Service?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, explain						
Are you a veteran?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
How did you hear about the Educate, Empower, and Employ Program? (Circle one)		Family/ Friend	Flyer/ Banner	Facebook	Step Up Savannah/ Chatham Apprentice Program	Newspaper	Other _____		
Applicant's marital status:		Single Never Married	<input type="checkbox"/>	Married	<input type="checkbox"/>	Legally Separated	<input type="checkbox"/>	Widowed/ Divorced	<input type="checkbox"/>
What is the primary language spoken in your household? _____									
Do you know how to drive?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a valid Driver's/Operator's License?		<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMERGENCY CONTACT

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name	Phone
Address	

EDUCATION

Do you have a High School Diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of High School:	Year Received:
Do you have a GED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Highest Grade Level Completed:	
<i>What other education or training programs have you attended?</i>			
Name of Program:	Year Attended:		
Name of Program:	Year Attended:		




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HOUSEHOLD INFORMATION	
<i>At the residence listed above:</i>	
How many adults (self-not included)?	How many children under 18 years of age?
Do you/your family have any special needs staff should know about?	

INCOME		
<i>Do you receive or is someone in your house receiving, any of the following:</i>		
	<u>YES</u>	<u>NO</u>
TANF	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
SNAP / EBT	<input type="checkbox"/>	<input type="checkbox"/>
SSI/Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Other Source of Income or Public Assistance: _____		

Please check the amount closest to your yearly income:		
<input type="checkbox"/> \$0-\$5,000	<input type="checkbox"/> \$15,001-\$20,000	<input type="checkbox"/> \$30,001-\$35,000
<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> \$35,001-\$40,000
<input type="checkbox"/> \$10,001-\$15,000	<input type="checkbox"/> \$25,001-\$30,000	<input type="checkbox"/> \$40,001-\$45,000

EMPLOYMENT BACKGROUND	
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	

How many months have you worked in the past year?

<i>Please complete the following <u>beginning with your most recent job</u>:</i>	
Name of Company	Title of Position:
Dates you worked: To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Project Based
Rate of Pay: \$	Weekly / bi-monthly / monthly (circle one)
Reason for Leaving:	

Name of Company	Title of Position:
Dates you worked: To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Project Based
Rate of Pay: \$	Weekly / bi-monthly / monthly (circle one)
Reason for Leaving:	

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What JOB SKILLS do you have? *(Please check all that apply)*

- Agricultural laborer
- Artist, Entertainer, Sportsperson, or Media
- Automotive Work (e.g., gas station attendant, auto repair)
- Administrative, Secretarial
- Business and Financial Support (e.g., Bookkeeper, Accountant, Auditor, Bank Teller)
- Community and Social Service Worker (e.g., Case Manager, Counselor, Social Worker)
- Computer Services (e.g., Data Entry, IT Specialist)
- Construction Worker
- Day Care Provider/Babysitter Driver (truck, school bus, commercial, etc)
- Education/Trainer (e.g., Teacher, Teacher Assistant, Instructor)
- Environmental Remediation (Lead Abatement)
- Food Server (e.g., Waiter, Waitress, Hostess, Cashier)
- Food Service Preparer (e.g., Fast Food, Chef, Dishwasher)
- Health Care (e.g., Home Health Aide, Nursing Aide)
- Home, Building, and Grounds Cleaning and Maintenance (e.g., Housekeeping, Cleaning, Custodian, Landscaper)
- Installation, Maintenance, and Repair Worker
- Law Enforcement/Security Officer (e.g., Police or Fire Officer, Security Guard)
- Warehouse and Forklift
- Other: _____

What kind of job are you interested in working?


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GOALS
<i>Please write at least THREE COMPLETE SENTENCES explaining your goals for this program.</i>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

BARRIERS	
Which of the following reasons have prevented you from steady employment? <i>(Please check all that apply)</i>	
<input type="checkbox"/> Cannot find or arrange for adequate child care	<input type="checkbox"/> Transportation Issues
<input type="checkbox"/> Own health, disability	<input type="checkbox"/> Lacks necessary schooling/training/skills/experience
<input type="checkbox"/> Pregnancy or just had a baby	<input type="checkbox"/> Prior incarceration/probation/criminal record problems
<input type="checkbox"/> Relocation/Residency issues	<input type="checkbox"/> In drug rehabilitation/treatment program
<input type="checkbox"/> Currently in school or in training	<input type="checkbox"/> Looking for housing
<input type="checkbox"/> Working with a temp agency/ no steady work	<input type="checkbox"/> No High School Diploma or GED
<input type="checkbox"/> No jobs in line of work	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Driver's License	<input type="checkbox"/> Other: _____

OTHER BACKGROUND	
Have you ever been convicted of a crime <input type="checkbox"/> YES <input type="checkbox"/> NO	List:
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	List:
Do you currently have pending charges? <input type="checkbox"/> YES <input type="checkbox"/> NO	List:
Are you a registered sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently on probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO	


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APPLICANT SIGNATURE PAGE

By signing this application, I acknowledge and agree with the statements set forth below:

- I certify that the foregoing information contained in this application is true.
- I understand that any false information listed on this application may result in denial and/or dismissal from the E3 program.
- I give permission for the E3 program and its partners to release information to potential employers as a part of the job search assistance service provided by the program.
- I give permission for my likeness, voice, or comments to be used in any promotional item on behalf of the E3 program and its partners.
- I agree to abide by the policies and procedures set forth by the E3 program.
- I understand that the E3 program and the program partners are not liable for any emergency medical attention provided or for charges incurred from such.
- I understand that and agree to criminal background check(s) and periodic drug screening(s) as a part of the criteria for acceptance into and remaining in the E3 program. I understand that all results will remain confidential. Applicants and participants who refuse to submit to testing are subject to immediate discharge from the E3 program. Applicants and participants who test positive for any drug(s) will be counseled for treatment and a referral to an appropriate agency will be recommended.

The training will be held for 16 days, 5 hrs/day

What barriers might keep you from participating in this training or job placement?

Childcare Transportation Job hours Other: _____

By signing below, you confirm that:

- You are willing to undertake a drug test and criminal background check.
- You understand that information about you may be shared with the organizations involved in the E3 Program, including, but not limited to: Step Up Savannah, Savannah Technical College, Head's Up Guidance Services (HUGS), Consumer Credit Counseling Services (CCCS), and United Way of the Coastal Empire.

Applicant Signature

Date

CONFIDENTIALITY STATEMENT

1. The program participant has the right to privacy.
2. Information regarding the participant will be shared only with the organizations directly involved with the EEE Program.
3. The program participant or their legally recognized representative may waive the right to privacy.
4. The general requirement that staff keep information confidential does not apply when:
 - Program participant poses a danger to themselves and others
 - The counselor determines that the program participant needs hospitalization
 - Information is made as issue in a court action
 - When circumstances require the disclosure of confidential information (i.e. court ordered), only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

Written permission from the participant to disclose or transfer records to legitimate third parties will be acquired prior to the release of information, unless exceptions to confidentiality exist as listed above. Steps will be taken to ensure that receivers of records are sensitive to their confidential nature.

Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case.

I confirm that I have read and understand the above statement about my rights as a program participant to confidentiality and the limits of this confidentiality.

Program Participant's Signature

Date

EEE Program Manager

Date

Please circle your answers and use the following scale:

1- Strongly Disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly Agree

1) I have a resume

Yes No

2) I know how to create a resume?

1 2 3 4 5

3) I know how to interview effectively

1 2 3 4 5

4) I have a strong support system (family/friends who want to see me succeed)

1 2 3 4 5

5) I know what networking is and how to do it

1 2 3 4 5

6) I know where/how to search for jobs

1 2 3 4 5

7) I have a good understanding of how to avoid and resolve workplace conflict

1 2 3 4 5

8) I know how to work in a team

1 2 3 4 5

9) I know how to maintain and keep a job

1 2 3 4 5

10) I have career goals and a plan to reach them

1 2 3 4 5

Computer Survey

1) Do you know how to turn a computer on/off?

Yes No

2) Do you know how to operate a computer?

Yes No

3) Do you know how to type correctly?

Yes No

4) Do you know how to create a word document?

Yes No

5) Do you know how to open an internet browser?

Yes No

6) Do you have an email address?

Yes No

If yes, how often do you check your email?

7) Do you know how to “google” something?

Yes No

8) Do you have a desire to improve your computer skills?

Yes No