

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Career Goal: \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Highest Education Level Completed:

Do you have dependent Children? No Yes If yes, how many?

Do you receive Social Services benefits? No Yes If yes, please specify: \_\_\_\_\_

Do you have access to a computer and the internet? No Yes

**EMPLOYMENT INFORMATION**

Are you currently employed? No Yes If yes, who's your employer? \_\_\_\_\_

- If yes, what's your job title? \_\_\_\_\_ Annual Income:  
If yes, will training give you an advancement in salary or position? No Yes

Are you eligible to work in the United States? No Yes

**Barriers to Employment** (check all that apply). Please note that funding is available for all or most of these situations. Your answers help us see what programs you may be eligible for and will be held in the strictest of confidence.

Unemployed      In a low-wage job      Disability      Homeless      Criminal History  
Childcare issues      Struggles with reliable transportation      Lack diploma/GED  
English is a second language      Struggles with Reading/Writing/Math      Struggles with Technology

Currently struggling with substance use      Struggled with substances in the past

In recovery from a substance use disorder

Other: Please list \_\_\_\_\_

**NEXT STEP** Select which one applies to you right now.

I want help getting a job. (Skip to Suitability on the next page.)

I need help with training.

**TRAINING INFORMATION** Complete all information if known. If not, leave blank.

Name of School you want to attend: \_\_\_\_\_

Name of Training program: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Upon completion of training, do you intend to seek full-time paid employment in the occupation in which you were trained? No Yes

Upon completion of training, where do you intend to seek employment? \_\_\_\_\_

**SUITABILITY:**

The grant programs we offer provide financial assistance for individuals who want to improve themselves through training and employment. In a paragraph or two, please tell us a little about yourself, your career goals, and how these programs can help support you in successfully accomplishing your goals. Use this opportunity to provide as much detail about yourself and what you've had (or will have) to overcome to achieve your dreams.

**Unless instructed otherwise, email this form to [CareerHelp@vcwnrnr.com](mailto:CareerHelp@vcwnrnr.com).  
We will be in touch promptly.**