

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

I need help with expenses related to training (includes supportive services).

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.
We will be in touch promptly.**