



Please fill out all sections of the application to the best of your ability.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mobile # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact (Name and Phone #) \_\_\_\_\_

Alternate Contact (Name and Phone #) \_\_\_\_\_

How do you identify your ethnicity? Please select boxes that apply.

- African American/Black \_\_\_\_\_
- Asian \_\_\_\_\_
- Hispanic/Latinx \_\_\_\_\_
- Native American (Nation/Tribe) \_\_\_\_\_
- Pacific Islander \_\_\_\_\_
- White/Caucasian \_\_\_\_\_
- Other \_\_\_\_\_

Gender

- Female
- Male
- Non-binary
- Transgender
- Other \_\_\_\_\_

Do you have a high school diploma/GED? (If yes, must provide proof by interview date.) YES NO

Highest educational level achieved \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Why are you interested in this job training program? \_\_\_\_\_

**WORK EXPERIENCE**

List most recent job first. If you have additional job experience, please attach information, such as a resume, separately.

Name of Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

(Work Experience continued)

Name of Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

List any certificates, special trainings, or skills (attach documentation if available) \_\_\_\_\_

**Reference** - Please list one reference.

Name (First/Last) \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Are you prepared to go to work after the program? If not, what are your barriers to working?

Do you need support in any other area during or after program (childcare resources, transportation, driver's license, education, recovery support, etc.)?

Have you ever been incarcerated? (This will not count against you) **Yes Or No**

**GENERAL INFORMATION**

Do you have a driver's license? (Be prepared to provide a DMV printout  Driver's License #, _____ Exp. Date _____	YES	NO	If no, why? _____
Can you provide an original Social Security Card?	YES	NO	If no, why? _____
Are you able to work at any time?	YES	NO	If not, what are your limitations? _____
Can you pass a drug test? ( <i>The program will do random drug screening.</i> )	YES	NO	If no, be prepared to discuss rehab/recovery plan at interview.
Will you need early morning childcare, before 7am? ( <i>Our program can provide resource/referrals.</i> )	YES	NO	

What is your? Boot size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



For Questions call / text: (209) 401-1966

Email completed application to: [kwolf@sjcoe.net](mailto:kwolf@sjcoe.net) or drop off at: 14993 Camage Ave, Sonora

