

Master Application

ANEW VICE NW Line School AOP

Pre-Screening Application

Directions: Complete this form and return to us by email: lisa@anewaop.org; fax: 206.381.1389; or mail: ANEW P.O. Box 4217 Renton WA 98057

Looking for help with (CHOOSE ONE): Women's TRP Training VICE VICE VOLTA AOP MAPP

Today's Date (MM/DD/YYYY)

Preferred Mode of Contact: Email Phone

First Name MI

Last Name

Mailing Apt. #

City

State ZIP Code -

Same as residence? Yes No If not, please add:

Residence Apt. #

City

State ZIP Code -

Email

Phone

Cell

EMERGENCY CONTACT #1

Name (Not living in same household)

Phone

EMERGENCY CONTACT #2

Name (Not living in same household)

Phone

S.S.N.

Birth date (MM/DD/YYYY)

Gender Male Female

LIMITED ENGLISH PROFICIENCY

Yes No

CURRENT CITIZENSHIP STATUS

Citizen Legal Resident Alien

Immigrant Refugee

INS/Immigrant Registration Number _____

DISABILITY

Yes No

I choose not to disclose this info.

EMPLOYMENT STATUS

Not Employed

Employed Name of Employer _____

VALID WASHINGTON DRIVER'S LICENSE

Yes License Number _____

No Expiration Date _____

CRIMINAL RECORD (May not affect program or service eligibility)

Yes No

ELIGIBLE VETERAN STATUS

Yes No Spouse of Eligible Vet.

SELECTIVE SERVICE

Registered Not Registered N/A

RACE (Mark one or more)

American Indian/Alaska Native Native Hawaiian/Pacific Is.

Asian White

Black or African American More than One Race

Hispanic/Latino Not Reporting

MARITAL STATUS

Married, living w/ spouse Never married

Married, not living w/ spouse Unmarried, living w/ partner

Divorced

INCOME

TANF Food Stamps

GAU Unemployment

SSI

EDUCATION

Highest School Grade Completed

Number of college, or full-time tec/voc school years completed

Yes	No	<input type="checkbox"/>	Attained High School Diploma
Yes	No	<input type="checkbox"/>	Attained GED or Equivalent instead of a High School Diploma
Yes	No	<input type="checkbox"/>	Attained Bachelor's degree or equivalent
Yes	No	<input type="checkbox"/>	Completed Education Beyond Bachelor's degree

How did you hear about ANEW? Select One

Friend Apprenticeship Helmets Website

Employer Career Fair Worksource Other _____

CERTIFICATION I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of funding and that training and/or services are not guaranteed to me. I understand that if I am enrolled for pre-apprenticeship training, VICE, support services, South Seattle Community College, or if I receive a Northwest Line School Scholarship, my employment status will be tracked by ANEW for up to three years. I am interested in participating in ANEW/AOP to get and keep a livable wage job. I intend to work full-time (at least 30 hours per week).

Signature of Applicant

Date