



Enrollment Form

Date: _____

Contact Information

Name (first) _____ (M.I.) _____ (last) _____

Address (street) _____ (apt./unit) _____

(city) _____ (state) _____ (zip code) _____ (county) _____

Phone _____ Indicate preferred contact: Cell Text Email

Email (print clearly) _____

Program Information

What program are you applying for?

- TRP - Trades Rotation Program (Pre-Apprenticeship Training)
- P.A.C.E. - Pre-Apprenticeship Construction Education (Pre-Apprenticeship Training)
- Apprenticeship Opportunity Project (Support Services)

Have you ever previously been enrolled in a pre-apprenticeship program? Yes No

If yes, which one? ANEW-TRP PACE SVI YouthBuild TRAC Other: _____

What is your potential start date?

Cohort: _____ Start Date: _____

Outreach & Recruitment Information

How did you hear about ANEW?

- Friend
- Pre-Apprenticeship program
- Newspaper
- Social media (indicate)
- Employer
- WorkSource
- Apprenticeship program
- Event (name): _____

Where did you start your application?

- Info session
- Walk-in
- Event
- Referral: _____

Self-Identification Information

DOB: _____ Social Security number _____

What is your family size?

1 2 3 4 5 6 7+

Do you have children or dependents? Yes No

If yes, how many? _____

What are their ages?

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Are you currently receiving any of the following services? (Please check all that apply)

- SNAP/food stamps
- Unemployment
- TANF (WorkFirst Yes No WorkFirst EJAS #: _____)
- SSI/SSDI
- Other support services: _____
- I don't receive any of the services above
- I don't receive any of the services above, *but an immediate family member (mother/father/sibling) does*
- I don't receive any of these services, *but I or an immediate family member did less than 12 months ago*

What is your current household type?

- Single adult
- Single minor
- Couple, no children
- One parent family
- Two parent family
- Foster family

What is your current living situation?

- Rent house or apartment
- Own residence
- Transitional/temporary housing
- Receive government assistance for housing
- Live in a public housing community or shelter
- Couch surfing
- Work release (completion date: _____)
- Homeless

Are you currently or have you ever been in foster care? Yes No

Can you speak, read, and write in English? Yes No

What is the primary language spoken in the home, if other than English?

- Amharic
- Arabic
- Chinese
- Korean
- Punjabi
- Russian
- Somali
- Spanish
- Tagalog
- Ukrainian
- Vietnamese
- Other: _____

How do you identify?

- Male
- Female
- Transgender
- Non-binary
- Other: _____
- Prefer not to disclose

How do you identify?

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Other: _____

Are you of Hispanic, Latino, or of Spanish origin? Yes No

How do you best describe yourself?

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- More than one race
- Prefer not to disclose

Additional Questions

- Do you have challenges understanding math or written instructions? Yes No
- Do you have a disability or require accommodations for a medical condition? Yes No
- Are you currently or in the last 12 months receiving mental healthcare? Yes No
- Are you currently or in the last 12 months receiving care for drug or alcohol addiction? Yes No
- I prefer not to disclose this information Yes

Health care coverage?

- Yes Provider: _____
- No

Driver's license status?

- Yes State: _____ Driver's License Number: _____
- No

What is your current status?

- Citizen
- Legal Resident
- Immigrant
- Refugee

Veteran status?

- Eligible veteran
- Spouse of eligible veteran
- Not applicable

Education

What is your current education status? (Check all that apply)

- Attending high school or equivalent
- Enrolled in GED program
- Attending post-secondary/vocational training
- HS Diploma
- Completed GED
- No high school diploma
- Associate degree
- Technical or Vocational certificate
- Bachelor's degree
- Masters or Doctoral degree

Do you have access to your transcripts?

- Yes What school district or college did you attend: _____
- No

Court Involvement

Please note: We ask these questions to better assist you with placement into employment.

Have you ever been convicted of a crime?

- No
- Yes, *Misdemeanors only*
- Yes, *Misdemeanors and Felony*
- Yes, *Felony only*

Currently on probation or in Work Release? Yes No

If yes, please provide following:

County: _____ Duration (till when?): _____

Probation Officer: _____ Telephone: _____

Do you have any pending legal matters (such as child support, criminal, civil, etc.)? Yes No

If yes, please describe: _____

Do you have any pending court dates? Yes No

If yes, please describe: _____

Employment History

What is your current employment status?

Employed - full-time

Employed - part-time

Employed - seasonal

Not employed - looking for work

Currently on Unemployment

Other: _____

Current or most recent employment	Employer:		Starting Hourly Wage:	
	City, State:		Ending Hourly Wage:	
	Job title:		Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:	
Previous employment (just prior to current or last job)	Employer:		Starting Hourly Wage:	
	City, State:		Ending Hourly Wage:	
	Job Title:		Hours Worked Per Week:	
	Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:	

Emergency Contact

Name (first) _____ (M.I.) _____ (last) _____

Address (street) _____ (apt./unit) _____

(city) _____ (state) _____ (zip code) _____ (county) _____

Phone _____ Email _____

Relationship to you _____

Information Verification Statement

Please read and initial the statements below and provide your signature and date.

_____ *I certify that the information provided is true to best of my knowledge. I am also aware that the information I have provided is subject to review and verification by ANEW staff, and I may have to provide documentation to support the information provided.*

_____ *I allow release of this information for verification purposes and understand that it will be used to determine eligibility of services. 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, my employment status will be tracked by ANEW for up to 2 years.*

_____ *In order to verify the information or conduct further program evaluation, I understand it may be necessary to collect additional information from records at government agencies. This information would include but not be limited to Washington State Employment Security Department, Social Security Administration, or TANF (Temporary Assistance to Needy Families) records. The Washington State Basic Food Employment and Training (BFET) program helps ANEW provide job search, job search training, self-directed job search, and skills training to Supplemental Nutrition Assistance Program (SNAP) recipients.*

_____ *My signature indicates willingness to be screened through a Washington state connection and allows the release of this information and job placement data to ANEW staff and researchers for program monitoring, research, verification, additional data collection, and evaluation purposes.*

_____ ***My personal information will not be provided to any outside person or agency except where needed to determine eligibility for related programs or grant reporting purposes. Information provided on this form will not affect any benefits I am already receiving from other agencies.***

Signature _____ Date _____

Non-Discrimination Policy Statement

ANEW follows an equal opportunity employment and training policy and does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, background, or marital status.

To be completed by ANEW Staff

Student entered into the database: No Yes

By ANEW Staff: _____ date: _____

Passed to Program Manager: in-person scan email date: _____