Passport to Careers Enrollment Form

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

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

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

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

Date of Birth: ____________________  Social Security number (optional) ____________________

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)
- ✔ Passport to College financial assistance
- ✔ SNAP/food stamps
- ✔ Unemployment
- ✔ TANF (WorkFirst  ✔ Yes  ❌ No  WorkFirst EJAS #: ________________)
- ✔ SSI/SSDI
- ✔ Other support services: ____________________________________
- ❌ I don’t receive any of the services above

What is your current household type?
- ✔ Single adult
- ✔ Single minor
- ✔ Couple, no children
- ✔ Receive government assistance for housing
- ✔ Foster family
- ✔ Unaccompanied homeless youth

What is your current living situation?
- ✔ Rent house or apartment
- ✔ Own residence
- ✔ Transitional/temporary housing
- ✔ Live in a public housing community or shelter
- ✔ Foster care/ extended foster care
- ✔ 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
Are you of Hispanic, Latino, or of Spanish origin?  ○ Yes  ○ No

How do you best describe yourself?

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

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? Your response is protected.

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

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: ___________________

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<thead>
<tr>
<th>Current or most recent employment</th>
<th>Employer:</th>
<th>Starting Hourly Wage:</th>
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<tbody>
<tr>
<td>City, State:</td>
<td></td>
<td>Ending Hourly Wage:</td>
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<tr>
<td>Job title:</td>
<td></td>
<td>Hours Worked Per Week:</td>
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<td>Start date (Month/Year):</td>
<td>End date (Month/Year):</td>
<td>Reason for Leaving:</td>
</tr>
</tbody>
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<th>Previous employment (just prior to current or last job)</th>
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### 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 the Washington State Achievement Council. 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: ________________________

ANEW Enrollment Information Rev. Jan 2019