|  |  |  |
| --- | --- | --- |
| **Job Training Program Application** |  | 600 Park AvenueBremerton WA 98337(p) 360-479-3694(f) 360-616-2927www.bremertonhousing.org |
|  |  |  |
| **Contact Information** |
| **First Name** |  | **Last Name** |  |
| **Address** |  |
| **City, ST, Zip** |  | **Email** |  |
| **Home Phone** | ( ) | **Cell Phone** | ( ) |
| **Emergency Contact Name** |  | **Relationship** |  | **Phone** | ( ) |

|  |  |
| --- | --- |
| **What is your goal?** | ❒Get a job ❒Learn English ❒Computer Skills ❒GED ❒Reading/Writing Skills ❒Math Skills ❒High School Completion ❒Prepare for College ❒Prepare for Citizenship Test ❒Prepare for Another Program ❒Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Demographic Information** |
| **Date of Birth** |  |  |  |
| **Highest school completed** | ❒Master’s ❒ Bachelor’s ❒ Associate’s ❒ Certificate ❒ Some College ❒ High School Diploma ❒ GED ❒ Less than High School (Last grade: \_\_\_\_\_\_\_\_ ) |
| **How did you hear about program?** | ❒ Another Student ❒ Friend or Family ❒ Flyer ❒ Internet ❒ Agency Referral ❒ Employer ❒ Newspaper ❒ Radio ❒ TV ❒ Other*Name of agency, employer, newspaper, radio/TV station, or other:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Employment Information** |
| **Work Experience** | ❒ Never Worked ❒ 1-6 months ❒ 7-11 months ❒ 1- 4 years ❒ More than 4 years |
| **If you have worked, are you currently?** | ❒ FT ❒ PT ❒ Temp ❒ More than 1 Job ❒ No, I have been unemployed \_\_\_\_\_\_\_ months |

|  |
| --- |
| **Resource & Housing Information** |
| **What is your housing situation?** | ❒Rent ❒Section 8 ❒Public Housing ❒Other Low-Income Housing❒Homeowner ❒Shelter ❒Transitional ❒Motel ❒Family ❒Friend  |
| **What is your transportation?** | ❒ Bus ❒ Car ❒ Taxi ❒ Family/Friend ❒ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are your resource and housing needs met?** | ❒ Yes ❒ No *– I need assistance with the following:*❒*Housing* ❒*Medical* ❒*Dental* ❒*Vision* ❒ *Transportation* ❒ *Food* ❒*Childcare* ❒*Utilities* ❒*Other:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Health & Disability Information** |
| **Do you have any of the following challenges?** | ❒Learning Challenge or Disability ❒Developmental Disability ❒Neurological Disability ❒Psychiatric or Emotional Disability ❒Other Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ n/a - none |

**Return this application to:**

**•Tasha Walton • 4650 Bay Vista Blvd • Bremerton, WA 98312**

**Cell 360-516-7560 or 360-473-0324**

**twalton@bremertonhousing.org**