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

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **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 |

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| **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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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**