JOB TRAINING PROGRAM APPLICATION

PROGRAM INTEREST – SELECT ONE	BHH CLIENT INFORMATION – SELECT ALL THAT APPLY
☐ **CDL – Commercial Driver's License** Temporary Class A CDL Permit obtained __ Yes __ No ☐ **Customer Service** ☐ **Help Desk Technician** ☐ **Home Health Aide** Uniform Size: XS S M L XL XXL ☐ **Hospitality**	**Have you previously registered with us for the following:** Job Training Programs Yes ____ No ___ Other Classes Yes ____ No ___ Food Pantry Yes ____ No ___ Financial Assistance Yes ____ No ___

Are you interested in the following Short Programs: ___ ESOL ___ Basic Computer Skills ___ Internet Job Search Skills ___ Job Mentoring

List other programs you would like to see offered at Boca Helping Hands: _____

STUDENT REQUIREMENTS

PROOF WILL BE REQUIRED AT INTERVIEW *(STUDENTS WITHOUT ORIGINAL DOCUMENTS WILL BE DENIED)*

1. Are you a U.S. Citizen? Yes ___ No ___ *(If not, please complete the following question)*
2. Are you a lawful Permanent Resident? Yes ___ No ___ *Alien Registration/USCIS Number:* _____
   Expiration Date: _____
3. Do you possess a High School/GED Diploma: Yes ____ No ___ *Graduation Year:*_____
4. Do you possess a Valid Driver's License: Yes ____ No ___
5. Do you have Reliable Transportation: Yes ____ No ___
6. Have you ever been convicted of a Felony or Misdemeanor: Yes ____ No ___

STUDENT INFORMATION

Last Name:	First Name:	Initial:
Date of birth: / /	Phone:	
Current address:	Apt/Unit:	
City:	State:	ZIP Code:
Email:	How did you hear about the program?	
Native Language:	Additional Languages:	
Currently Employed: Yes ____ No ___	Current Availability:	
Employer:	Position/Title:	
Emergency Contact Name:	Emergency Contact Phone Number:	

Describe why this opportunity is important to you in achieving future goals:

Equal Employment Opportunity / Affirmative Action Policy

It is hereby reaffirmed that Boca Helping Hands has adopted a policy of non-discrimination and affirmative action in conformity with applicable federal, state, and local laws. Submission of the following information is voluntary and refusal to provide it will not subject you to any adverse treatment.

EEO: VOLUNTARY SELF IDENTIFICATION

Gender: ☐ Male ☐ Female **Age (as of today):** _____

Ethnicity/Race: ☐White/Caucasian ☐Black/African – American ☐Hispanic/Latino ☐Native American ☐Asian ☐Haitian ☐Mixed ☐Other

Household Income: ☐Under $15,000 ☐$15,000 to $24,000 ☐$25,000 to $34,999 ☐$35,000 to $49,000 ☐$50,000 to $74,999 ☐$75,000 to $99,999 ☐$100,000 to $149,999 ☐$150,000 to $199,999 ☐$200,000 and Over

SIGNATURES

I hereby certify that the above statements are true and correct to the best of my knowledge. I agree to the Terms and Conditions of the Boca Helping Hands Job Training Programs. I understand that a false statement may disqualify me from participating in the program.

Signature of Student:	Application Date:

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