

PROJECT ONE JOB MATCHING INFORMATION - please print

Name (Last, first, mi)			Social Security Number		
CURRENT ADDRESS (Street number, Apartment, City, State, Zip)				How long have you lived at your present address?	
Telephone number	Date of Birth	Age	Race	Sex	Name of school you attend
Do you attend school?	If no, highest grade completed	What are your short-term goals/plans?		Long-term goals/plans	
What dates will you be available for computer training? From : To:					
Are there any times or days of the week you are not available for computer training? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what are they?					
Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no			What kind of regular transportation do you have to get to class? <input type="checkbox"/> car <input type="checkbox"/> Bus <input type="checkbox"/> Patents <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other		
List special skills, training or interests that you have:					
List medical/physical limitations					
Will you be available for class during the summer?			Have you had computer training before? If yes, where and what kind:		
What other kinds of computer training have you had before?					
Will you need child care assistance during the training classes?					
IMPORTANT - check all types of work that you are interested in:					
<input type="checkbox"/>	Animal care worker	<input type="checkbox"/>	General laborer	<input type="checkbox"/>	Landscaping aide
<input type="checkbox"/>	Accounting clerk	<input type="checkbox"/>	Grocery store bagger	<input type="checkbox"/>	Funeral home
<input type="checkbox"/>	Utility clerk	<input type="checkbox"/>	Lunch room aide	<input type="checkbox"/>	Bank teller
<input type="checkbox"/>	Receptionist/file clerk (<input type="checkbox"/> words/minute)	<input type="checkbox"/>	Car washer/ parking lot attendant	<input type="checkbox"/>	Telephone/ commission sales
<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Construction helper	<input type="checkbox"/>	Stock person/inventory
<input type="checkbox"/>	Hospital/nursing aide	<input type="checkbox"/>	Janitor	<input type="checkbox"/>	Flower shop
<input type="checkbox"/>	Housekeeper	<input type="checkbox"/>	Teacher's assistant	<input type="checkbox"/>	Recreation aide
<input type="checkbox"/>	Library/media center aide	<input type="checkbox"/>	Retail store	<input type="checkbox"/>	Courier
<input type="checkbox"/>	Fast food/banquet setup	<input type="checkbox"/>	Survey work	<input type="checkbox"/>	Waiter/waitress
<input type="checkbox"/>	Clerical	<input type="checkbox"/>	Child care	<input type="checkbox"/>	Factory work
<input type="checkbox"/>	Senior care	<input type="checkbox"/> Self-employment (describe)			
<input type="checkbox"/>	Warehouse worker	<input type="checkbox"/> Other:			
Telephone number where we can get in touch with you between 8 a.m. and 5 p.m. weekdays					
Applicant signature (in ink)			Date signed:		