

*Required



Campus Location: _____

STUDENT INFORMATION

Term:	Year:	Date:	*DSS Client Number:
Banner I.D:	*Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other	
Race:	Ethnicity:	Primary Language:	
How did you hear about the program? <input type="checkbox"/> Partner Advertising <input type="checkbox"/> DSS <input type="checkbox"/> Word of Mouth			

PERSONAL INFORMATION

*Last Name:	*First Name:	Middle Initial:
Street Address: (New Address) <input type="checkbox"/>		
City:	State:	Zip:
Phone Number 1:	Phone Number 2:	Email Address:

*PROGRAM OF INTEREST

Priority	Select Program
1.	
2.	
3.	

SUPPLEMENTAL INFORMATION

Do you have Wi-Fi access? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a laptop/desktop computer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation: <input type="checkbox"/> Bus/Public Transportation <input type="checkbox"/> Uber/Lyft <input type="checkbox"/> Own Vehicle	
Household number of adults: _____ Number of children in the home: _____	
Notes:	

Continue on next page.

EDUCATIONAL INFORMATION

Do you have a <input type="checkbox"/> HS Diploma or <input type="checkbox"/> GED?	Do you have a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your highest level of education?	Do you have any professional references? <input type="checkbox"/> Yes <input type="checkbox"/> No
What colleges have you attended?	Do you have any convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below in notes
Notes:	

EMPLOYMENT HISTORY

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name:	Employer Name:
Job Title:	Job Title:
Start Date: Hourly Wage:	Start Date: Hourly Wage:
Hours Per Week: Fringe Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Per Week: Fringe Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving the following benefits? <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Social Security	

CAREER DEVELOPMENT

Please describe your career (short term/long-term professional) goals:

*Why do you want to participate in the program?

*Please list some of your strengths, skills and abilities that will help you reach your career goals.

1.	4.
2.	5.
3.	6.

What have your previous experiences in school been like? *(Check all that apply)*

- Rewarding
 Encouraging
 Frustrating
 Fun
 Challenging
 Discouraging
 Exciting
 Easy
 Difficult

What are potential obstacles and challenges that you may encounter in pursuing your career goals? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Time for school/work/family | <input type="checkbox"/> Alcohol/drug Issues |
| <input type="checkbox"/> Limited computer skills | <input type="checkbox"/> Academics/grades |
| <input type="checkbox"/> Dependable childcare | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Disability (physical, mental, learning) | <input type="checkbox"/> Limited/negative work experience |
| <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Stable housing |
| <input type="checkbox"/> Reliable transportation | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Other Describe: _____ | |

STUDENT COMPLETION | FOR OFFICE USE ONLY

Withdrawal: <input type="checkbox"/> Date: _____ Approved By: _____ Explanation: _____	Incomplete: <input type="checkbox"/> Date: _____ Approved By: _____ Explanation: _____
Completion: <input type="checkbox"/> Date: _____ Program: _____ Approved By: _____ Consulting Appointment: <input type="checkbox"/> Date: _____	
<p align="center">Program Approved</p> <input type="checkbox"/> _____ Program Dates: _____ to _____	<p align="center">Key Train Assessment Scores</p> Math: _____ Verbal: _____
Notes: _____	