

Training Innovations, Inc



PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions.

Date:	Name (Last, First, Middle):	Social Security Number:	
Street Address:		City, State & Zip:	
Date of Birth?	Home Phone:	Work Phone:	Other Phone:
Have you recently applied for any job within the last 90 days? Please list	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. 2. 3.	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department? How long have you been at your current job?	
Have you been laid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Company & dates of employment?	
Are you a Military Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what branch?	
Are you currently enrolled in any other WIA program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what program?	
Do you have any physical or mental limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide details?	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How far can you travel for work each day?			
What is your current income?	What is your total household income?		
How did you learn about Training Innovations, Inc ? Check all that apply: <input type="checkbox"/> Friend / Family member			
<input type="checkbox"/> WIA (Workforce Investment Act) <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee. <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying?						

Goals: Please list what (2) goals you would like to achieve as a result of working with Training Innovations, INC

SKILLS: Please list technical skills, clerical skills, trade skills, etc. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your work history. Begin with your current or most recent employer.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Final Salary:	Reason for Leaving:
Supervisor's Name, Title and Phone #:	Organization Name:	
Primary Duties:		
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Final Salary:	Reason for Leaving:
Supervisor's Name, Title and Phone #:	Organization Name:	
Primary Duties:		
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Final Salary:	Reason for Leaving:
Supervisor's Name, Title and Phone #:	Organization Name:	
Primary Duties:		
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide details and dates?
I would like help or be given access to the following resources? Check all that apply: <input type="checkbox"/> Job Interviewing <input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Searching <input type="checkbox"/> Dressing for success <input type="checkbox"/> Telephone & Networking Skills <input type="checkbox"/> Other:		
What type of work are you looking for? Check all that apply: <input type="checkbox"/> Clerical / Administrative <input type="checkbox"/> Manufacturing / Warehouse <input type="checkbox"/> Housekeeping / Janitorial <input type="checkbox"/> Retail / Customer Service <input type="checkbox"/> Transportation / Driving <input type="checkbox"/> Management <input type="checkbox"/> Security <input type="checkbox"/> Social Services <input type="checkbox"/> Education <input type="checkbox"/> Food Services <input type="checkbox"/> Medical/ C.N.A. <input type="checkbox"/> Construction <input type="checkbox"/> Other:		
Do you have childcare arranged if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Signature: _____

Date: _____