



JOB TRAINING PROGRAM APPLICATION

PROGRAM INTEREST – SELECT ONE	BHH CLIENT INFORMATION – SELECT ALL THAT APPLY
<input type="checkbox"/> CDL – Commercial Driver’s License <input type="checkbox"/> Customer Service <input type="checkbox"/> Help Desk Technician <input type="checkbox"/> Home Health Aide (HHA) <input type="checkbox"/> 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 ____ 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. Have you ever been convicted of a Felony or Misdemeanor:	Yes ____	No ____	
4. Do you possess a High School/GED Diploma:	Yes ____	No ____	Graduation Year: _____
5. Do you possess a Valid Driver’s License:	Yes ____	No ____	
6. Do you have Reliable Transportation:	Yes ____	No ____	

STUDENT INFORMATION

Last Name:	First Name:	Initial:
Date of birth: / /	Phone:	
Current address:		Apt/Unit:
City:	State:	ZIP Code:
Email:	Driver’s License Number:	Exp. Date:
Native Language:		Additional Languages:
Currently Employed: Yes ____ No ____		Current Availability:
How did you hear about the program?		
Describe why this opportunity is important to you in achieving future goals:		

STUDENT SKILLS

RATE YOUR ABILITY LEVEL FOR EACH SKILL FROM 1 TO 5, 1 BEING THE LOWEST AND 5 THE HIGHEST

Words Typed Per Minute: _____ WPM	Rate your ability to multitask: 1 2 3 4 5
	Rate your current computer skills: 1 2 3 4 5

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. We invite you to identify your age, gender and race / ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

EEO: VOLUNTARY SELF IDENTIFICATION

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> <30 <input type="checkbox"/> 30-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> Over 65	Ethnicity/Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African – American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other
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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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