



Office of Equal Opportunity On-The-Job Training Support Services Student Application

THIS APPLICATION MUST BE COMPLETED BY THE STUDENT

Please Print Clearly

Student Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip County

Telephone Number: (____)____-____-____ Veteran: Yes No

Social Security Number: ____-____-____ Birthdate: ____-____-____

Sex: Male Female Email Address: _____

High School Diploma or GED: Yes No Highest Grade Completed: _____

Do you have a valid Washington State driver's license? Yes No
If no, do you have reliable transportation? Yes No

Tribal Affiliation (If applicable): _____

Ethnic Origin (please check all that apply):

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other: _____

What program are you enrolled in? _____

Date program will begin: ____/____/____ Date program will end: ____/____/____

Status: New Enrollment Continuing

Trades of Interest (check all that apply):

<input type="checkbox"/> Carpenter	<input type="checkbox"/> Laborer
<input type="checkbox"/> Cement Painter	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Electrician	<input type="checkbox"/> Painter
<input type="checkbox"/> Heavy Equipment Operator	<input type="checkbox"/> Pile Driver
<input type="checkbox"/> Iron Worker	<input type="checkbox"/> Truck Driver

Have you ever been enrolled in an apprenticeship program? Yes No
If yes, which program? _____ Date Enrolled: _____ to _____
City/State: _____ Completion Date: _____/_____/_____

Have you taken any other Vocational Training or College Courses? Yes No

If yes, location: _____ Degree/Certificate Awarded: Yes No
Completion Date: _____/_____/_____

If yes, location: _____ Degree/Certificate Awarded: Yes No
Completion Date: _____/_____/_____

If yes, location: _____ Degree/Certificate Awarded: Yes No
Completion Date: _____/_____/_____

Are any of the following factors/barriers to your employment? Please check all that apply.

<input type="checkbox"/> Currently homeless	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Disability	<input type="checkbox"/> No High School Diploma/GED
<input type="checkbox"/> No Dependable Transportation	<input type="checkbox"/> Limited English
<input type="checkbox"/> Ex-Offender	<input type="checkbox"/> Limited Math Skills
<input type="checkbox"/> Child Care	<input type="checkbox"/> Other: _____

****We will make every effort to make referrals to the proper agency/organization that could potentially provide assistance.**

I hereby certify under penalty of perjury, that to the best of my knowledge, all statements on this form are true and correct. I also acknowledge that the information that I have provided is maintained for reporting purposes only and that identifying information will not be disclosed.

Signature of Applicant

Date

Authorized Organizational Representative

Date

Americans with Disabilities Act (ADA) Information

This material can be made available in an alternate format by emailing the Office of Equal Opportunity at wsdotada@wsdot.wa.gov or by calling toll free, 855-362-4ADA(4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711.

Title VI Notice to Public

It is the Washington State Department of Transportation's (WSDOT) policy to assure that no person shall, on the grounds of race, color, national origin or sex, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its federally funded programs and activities. Any person who believes his/her Title VI protection has been violated, may file a complaint with WSDOT's Office of Equal Opportunity (OEO). For additional information regarding Title VI complaint procedures and/or information regarding our non-discrimination obligations, please contact OEO's Title VI Coordinator at (360) 705-7082.