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| **Have you registered on CTHires.com:  yes no Social Security Number (Last four):** | | |
|  | | |
| **Last Name First Name MI** | | |
|  | | |
| **Address (Include Apt # / Floor) City Zip Code** | | |
|  | | |
| **Phone Number Email Address Date of Birth Age** | | |
| **Alternate Contact information:**  Name:  Phone Number:  Relationship to applicant: | | |
| **Male  Female** | **US citizen**  **Resident Alien Alien Reg. #** | |
| **Race:  American Indian/Alaskan Native  Asian  Black**  **Hawaiian Native/Pacific Islander  Hispanic  White** | | |
| **Public Assistance:**  **TANF/Cash Assistance  Food Stamps (SNAP)**  **General Cash Assistance  Social Security** | | |
| **Which of the following do you consider a current barrier? *(Please check all that apply)*:**  **Transportation  Childcare  Work History/Experience  Exhausted Pell Grant  No Internet Service**  **TANF/Cash Assistance  Industry Recognized Credentials  Pending Criminal Case  Childcare**  **Disability (Physical, Mental, Cognitive)** | | |
| **How did you hear about the ACI (Apprenticeship CT Initiative Program)?** | | | |
| **Name and location of high school attended:**  **Did you graduate high school:  Yes  No  GED**  **Highest Degree Obtained:  Associates  Bachelors  Masters  Doctorate**  **Have you ever been employed:  Yes  No Occupation:**  **Are you currently employed:  Yes  No  Part Time  Full Time**  **If employed, name of company:**  **Are you willing to relocate for employment:  Yes  No**  **Are you collecting unemployment benefits:  Yes  No If Yes, when did you begin (Month/Year) :**  **Are you receiving Social Security disability payments:  Yes  No**  **Do you have a valid driver’s license:  Yes  No**  **Do you have a reliable vehicle & insurance:  Yes  No**  **Indicate your manufacturing career interest: *(Please check all that apply)*:**  **Machinist  CNC Operator  Milling  Lathe  Megatronic Machinist**  **Screw Machine Operator  Eyelet Stamping  Plastics Injection Molding**  **What school do you plan on attending: *(Please check all that apply)*:**  **MASC (Manufacturing Alliance Service Corp.) 173 Interstate Lane, Waterbury, CT 06705**  **Naugatuck Valley Community College (NVCC) – 750 Chase Parkway, Waterbury, CT 06708**  **Northwestern CT Community College (NCCC) – 2 Park Place, Winsted, CT 06098**  **Watertown High School – 324 French Street, Watertown, CT 06795**    **How comfortable are you with technology:**  **Very Comfortable  Comfortable  Not Comfortable  Don’t use technology at all** | | | |
| **Release Form**  By signing this information and release form, you are attesting to the following:  I certify that the statements made by me on this application are voluntary, true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from the program and to such other penalties as may be prescribed by law or regulations. I also understand that any and all of the information provided by me may be verified and I allow the release of the information by Northwest Regional Workforce Investment Board, Inc. for verification purposes.  I understand that it is against the law to discriminate on the following basis: against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; or on the basis of an individual’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States. I understand that I have the right to file a formal complaint with Northwest Regional Workforce Investment Board, Inc. if I feel that I have experienced discrimination.  I understand that the application must be submitted with the forms and copies of supporting documentation. I understand that space is limited in the program and that submitting an incomplete application will significantly decrease my chances of participating in the program.  I understand that it is my responsibility to notify the Partner Agency if my telephone number, email or mailing address changes. I understand that I can update this information by calling or by emailing the Partner Agency. I understand that if the Partner Agency cannot reach me with the contact information on file, I may not be able to participate in the program.  I understand that completion of this application is the first step to be considered for participation in the program.  Additionally, I hereby certify that I am seventeen (17) years of age or older I consent that any statement and / or photographs which have been or about to be made by the Northwest Regional Workforce Investment Board, Inc. May be used by the Northwest Regional Workforce Investment Board, Inc. It's legal representatives, successors, and assigns, employees, and persons(s) acting with its permission, upon its authority or on its behalf, to use my name, voice, verbal statements, portrait, or picture (motion or still) for advertising purposes of trade, public information, and for any lawful purpose whatsoever.  I also certify that:   * I am a U.S. Citizen or permanent resident * I am out of school * I acknowledge that the ACI Program is a non-credit vocational training program * I will adhere to all ACI/WIOA guidelines and stay in touch with my assigned Career Navigator * I intend to pursue full time Manufacturing employment immediately upon completion of ACI/ACI 2.0 Program training. | | | |
| Applicants Signature: | | Date: | | |

***The ACI / ACI 2.0 program is funded by the U.S. Department of Labor Employment and Training Administration. The workforce board is an Equal Opportunity Employer. Auxiliary aids and services are available upon request to individuals with disabilities***