

# ACI – ACI 2.0 Grant (Apprenticeship Connecticut Initiative)

## **Manufacturing Training – Admissions Form**

\*IMPORTANT (Must be completed and signed by applicant)

(All personal information will be kept strictly confidential and will be used only for program purposes. Do not leave any section blank. Write N/A if it does not apply to you)

Have you registered on CTHires.com: ☐ yes ☐no			Social Security Number (Last four):			
Last Name		First Name		MI		
Address (Include	e Apt # / Floor)	City		Zip Code		
(		2.04				
Phone Number		Address	Date of Birth	Age		
Alternate Contact inforn	nation:					
Name:						
Name.						
Phone Number:						
Relationship to applicant	:					
□Male	☐ Female	<ul><li>☐ US citizen</li><li>☐ Resident Alien</li></ul>	Alion Pog. #			
□ IVIAIC	L Telliale	□ Resident Allen	Alien Reg. #			
Race:   American In	dian/Alaskan Na	ative $\square$ Asian		□ Black		
	ative/Pacific Isla			☐ White		
Public Assistance:						
☐ TANF/Cash Assistan		d Stamps (SNAP)				
☐ General Cash Assist	ance 🗆 Soc	ial Security				
Mhich of the following d	lo vou consider	a current harriar? (Place	o shock all that	anniul.		
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)						
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How did you hear about the ACI (Apprenticeship CT Initiative Program)?						



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section blank. Write NyA ij it does not apply to you					
Name and location of high school attended:					
Did you graduate high school: ☐ Yes ☐ No ☐ GED					
Did you graduate riigh school.   Tes   No   GLD					
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: $\square$ Yes $\square$ No					
Are you collecting unemployment benefits:   Yes   No If Yes, when did you begin (Month/Year):					
Are you receiving Social Security disability payments: $\square$ Yes $\square$ 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):					
<ul> <li>☐ Machinist</li> <li>☐ CNC Operator</li> <li>☐ Milling</li> <li>☐ Lathe</li> <li>☐ Megatronic Machinist</li> <li>☐ Screw Machine Operator</li> <li>☐ Eyelet Stamping</li> <li>☐ Plastics Injection Molding</li> </ul>					
What school do you plan on attending: (Please check all that apply):					
☐ MASC (Manufacturing Alliance Service Corp.) 173 Interstate Lane, Waterbury, CT 06705					
<ul> <li>□ Naugatuck Valley Community College (NVCC) – 750 Chase Parkway, Waterbury, CT 06708</li> <li>□ Northwestern CT Community College (NCCC) – 2 Park Place, Winsted, CT 06098</li> </ul>					
☐ 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					



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#### **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:	ignature:		Date:	