



Pre-Application

Please fill out form completely, including front and back of document.

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Social Security Number: _____ Age: _____

(Provide a copy of Valid Social Security card or other official document containing Social Security Number to Instructor*)

Are you a US citizen? Yes No (Provide a copy of Valid Driver's License, Birth Certificate, or Public Assistance documents to Instructor*)

Circle County of Residence: Bell Breathitt Carter Clay Elliott Floyd Harlan Jackson Johnson Knott Knox Lawrence Lee Leslie Letcher Magoffin Martin Menifee Morgan Owsley Perry Pike Wolfe

If male 18 or older, are you registered with Selective Service? Yes No (WIA staff to attach documentation to file)

Are you a Veteran or the spouse of a Veteran? Yes No (Provide proof of Veteran status to Instructor*)

Are you currently receiving Public Assistance? Yes No (Provide a copy of Public Assistance letter to Instructor, i.e. SSI, K-TAP, food stamps*)

Are you Employed? Yes No (If Yes, please provide a copy of proof of income to Instructor*)

If Unemployed, are you currently receiving or are you eligible to receive Unemployment Insurance, or have you exhausted your Unemployment Insurance benefits within the past year and have not accepted other employment? Yes No (Please provide UI verification to Instructor, i.e. UI check stub or letter from the Unemployment office*)

Instructor Information:	
Original Tabe Test Scores	Math: _____ Reading: _____
Original Test Date:	_____
Instructor Sgnature: _____	Date: _____

Please turn over and complete backside of document. Form not accepted as complete application unless both sides are completed.

*Please see Instructor for other approved forms of documentation if those listed above are not readily available.

Participant Agreement & Goals Form

I understand that upon acceptance into the program that I must attend a minimum of 10 hours of instructional training per week and can be paid for no more than 30 hours per week. While enrolled in the program, I plan on attending _____ hours per week of instructional training.

As a participant in the program, I agree to attend 15 hours of work readiness training.

I agree to test for the GED within 12 weeks of enrolling in the program and agree to show continued progress throughout the instructional training period.

I agree to prepare and test for the Kentucky Employability Certificate within the 12 weeks of training in the program.

Upon successful completion of the program, I am interested in continuing my success in a: (Choose One)

- A. Job Opportunity
- B. Training Scholarship

My occupational field of interest is in: (Choose One)

- A. Mining
- B. Construction
- C. Healthcare
- D. Technology
- E. Other _____ (Fill in other field of interest if not listed above)
- F. Undecided

I certify that by signing and dating the form below, that I agree to the terms listed above as requirements for my participation into the program.

Signature: _____ Date: _____

Form not accepted as complete unless signed and dated.