

Transportation

What are your means of transportation? Car Bus Other: _____

Do you have a valid CA driver's license? Yes No Do you have car insurance? Yes No

Do you have transportation needs? Yes No Please list: _____

Financial Status

Are you receiving cash assistance? Yes No Date began receiving cash assistance: _____

Name of E.W.: _____ Name of Employment Tech.: _____

Have you applied for: Fee waiver (BOGFW) Financial Aid EOPS CARE TRIO DSPS

What support services will you need to be successful in your education & employment?

Housing Legal Health Felony conviction (expungement) Childcare Learning disabilities

Educational & Skills Background

Part of our mission is to help you attain work experience related to your career goals.

What type of employment do you desire? _____

Do you have a resume? Yes No Are you a U.S. citizen or permanent resident? Yes No

Skills Summary: Typing speed: _____ wpm Bilingual Yes No Language: _____

Computer programs you know: _____

Other skills: _____

Work History: Please begin with the most recent

Job title: _____ Company _____

Duties: _____ Number of hours per week: _____

Start date: _____ End date: _____ Start salary: \$ _____ End salary: \$ _____

Reason for leaving: _____

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