

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Email Address		Cell Phone	
Emergency Contact Name		Emergency Contact Phone		Relationship	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid NJ Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exp. date:	State: Suspended: YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have your own transportation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever applied for a Green Job training program in the past?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Are you fluent in English?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If bilingual, indicate language:	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If yes, explain charges.</b>	

**EDUCATION**

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b><i>(Must Provide Copy Of Diploma Or GED)</i></b>
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Trade School / Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES**

*Please provide the names and contact information of three (3) people who have known you for at least 5 years and are NOT related to you.*

Full Name		Relationship		
Company / Occupation		Phone ( )	Years Acquainted	
Full Name		Relationship		
Company / Occupation		Phone ( )	Years Acquainted	
Full Name		Relationship		
Company / Occupation		Phone ( )	Years Acquainted	

**PROGRAM INFORMATION**

How Did You Hear About the Program?	
Do you agree to a drug test?	YES <input type="checkbox"/> NO <input type="checkbox"/> [Note: Drug Test is Required]

Are you willing to sit for the Test of Adult Basic Education (TABE) and any others required? YES  NO  [Note: Test of Adult Basic Education is Required]

Are you willing to commit to the program and see it through to the end? YES  NO  [Note: Training is 12 weeks and Internship is approximately 3-6 months]

**EMPLOYMENT (ATTACH RESUME)**

Company		Phone ( )	
Address/City/State		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	

Company		Phone ( )	
Address/City/State		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	

Company		Phone ( )	
Address/City/State		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	

**MILITARY SERVICE**

Branch	From	To
Rank at time of Discharge	Type of Discharge	

If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge and I understand that, if accepted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information regarding my history and any pertinent information they may have personal and otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you. I understand and agree that if accepted I will be required to adhere to all rules and regulations as indicated by the code of conduct, including but not limited to attendance, participation, class work completion, field trips, etc.

Print Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY -- DO NOT WRITE BELOW**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

TABE Score: \_\_\_\_\_ Drug Test Result: \_\_\_\_\_ SS #: \_\_\_\_\_

Accepted : YES  NO  If accepted, which cycle: Cycle 1  Cycle 2  Cycle 3