

# JOB TRAINING AND ECONOMIC DEVELOPMENT (JTED) APPLICATION (CATEGORIES 1, 2 & 3)

## Profile

First Name:

Last Name:

Date of Birth:

Social Security Number:

Email:

Street Address 1:

Street Address 2:

City:

State:

Zip Code (Plus 4):

Primary Phone Number:

Phone Type:  Mobile  Home  Work

Alternate Phone Number:

Phone Type:  Mobile  Home  Work

Marital Status:  Married  Single  Divorced  Other

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## Profile

### Race: (Pick any that apply)

- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Unknown

### Ethnicity:

- Cuban
- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Another Hispanic, Latino or Spanish Origin
- Non-Hispanic/Latino
- Unknown

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Gender at Birth:  Female  Male  Prefer not to answer

Preferred Gender Identification:  Female  Male  Non-binary

Are you authorized to work in the US?  Yes  No

Are you registered with Selective Service?  Yes  No

Selective Service Number:

**(Only required if Male and 18+ and answer YES to the selective Service question)**

### Military Status:

- Active Military
- Recently Separated Veteran
- War or Combat Veteran
- Retired Veteran
- Disabled Veteran
- Dishonorable Veteran
- None

### Select the option that best describes you situation:

- I am unemployed.
- I received a termination notice within the last 90 days.
- I am qualified to have a higher skilled position than my current job.
- I am interested in receiving training to advance my career with my current employer. **(If selected, collect the employer address and use it for eligibility.)**

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- I have situations that prevent me from working.
- I am employed but need skills to increase my employment options
- I am a youth in school and in a training program
- None of the above

Do you or your household receive public assistance?  Yes  No

How many people are in your household?

What is your household monthly income?

(Not required if they receive public assistance.)

How have you been negatively impacted by COVID?

(Ask only if the participant or provider's address is not in a QCT or DIA.)

- No negative impact
- Unemployed
- Increased food or housing insecurity
- Health Related
- Lost instructional time in K-12 schools (any student that lost access to in-person instruction for a period of time.)

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## Education

Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)?  Yes  No

Highest Level of Education: [\(Check the highest level of education only\)](#)

None  1st grade  2nd grade  3rd grade  4th grade  
 5th grade  6th grade  7th grade  8th grade

H.S. Freshman  H.S. Sophomore  H.S. Junior  
 H.S. Senior - Did Not Attain H.S. Diploma  
 H.S. Senior - Attained H.S. Diploma

Col. Freshman  Col. Sophomore  Col. Junior  Col. Senior  
 Associate's Degree  Bachelor's Degree  Master's  Doctorate

GED  Certificate of Attendance/Completion  
 Other Post-Secondary Degree or Certificate

Do you know if you've taken any of these assessments in the last 6 months?

TABE  CASAS  ESL  Other

Can you follow basic written instructions and diagrams with no help or just a little help?  Yes  No

Can you fill out basic medical forms and job applications?  Yes  No

Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits?  Yes  No

Can you do basic tasks on a computer?  Yes  No

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## Education

Do you speak and read English well enough to get and keep a job?

Yes    No

Were they able to complete this form on their own?  Yes    No

Have you earned any occupational credentials or certificates? If yes, enter the credential and or certificate below:

Title

Date Earned

Credential/Certificate Type

Title

Date Earned

Credential/Certificate Type

If you have a degree, certificate, license, or credential:

- Do you have work experience in the field that you trained in?  Yes    No
- If yes, can you still perform the job you have been trained in?  Yes    No

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## Skills and Interests

What are three things you would like to get out of this program?

1.
2.
3.

What type of work would you like to do?

- Technical (example: Perform mechanical, information technology, mathematical, or scientific tasks.)
- Management (example: Organize and lead others to reach a common goal.)
- Craftsmen/Foreman (example: Perform a trade or handicraft.)
- Service (example: Cares for or provides services to others.)
- Farm/Other Labor (example: Raise crops/animals or perform physical work.)
- Clerical (example: Perform general office duties.)
- Sales (example: Sell products/services.)
- Other

What type of training would be best for you? Select all that apply.

- Classroom Instruction
- Training that I get while on the job (like OJT, apprenticeship, work experience)

What schedule are you willing to work?

- Day Shift
- Evening Shift
- Night Shift
- Weekdays
- Weekends

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## Work History

What is your current employment status?

- I have not worked before. This will be my first job.
- I am employed.
- I am employed but I have received a notice of termination/layoff.
- I am unemployed, and I have been actively looking for work.
- I am unemployed, but I have not been actively looking for work.

If employed who is your current employer?

Employer Name

Start Date

Job Title

Employer Address:

Street Address 1

Street Address 2

City

State

ZIP Code



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Work History

Job Duties

Hours worked per week

Does this job meet your needs?  Yes  No

Why or why not?

If you are no longer with this employer provide the following information.

Reason for leaving

Was this your primary employment?  Yes  No

Were you self-employed?  Yes  No

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Signature

I (participant) declare that all the information submitted in the application is correct, true, and valid. I will present the supporting documents as required.

Participant Signature

Date

Case Manager's Signature

Date