



ATHENS COMMUNITY COUNCIL ON AGING

Live well. Age well.

135 Hoyt Street ~ Athens, GA 30601

web www.accaging.org phone 706.549.4850 fax 706.549.7786

Application for SCSEP Training

PERSONAL INFORMATION

Date _____

Name (Last, first, middle initial) _____ Social Security # _____

Home address, Street, City, State, ZIP Code _____ County _____

Mailing address, Street, City, State, ZIP Code _____ County _____

Cell phone number | Home phone number _____ Date of Birth _____

Email address _____ Who referred you to this program? _____

Have you participated in SCSEP before? YES NO If Yes, Date(s)? _____

Are you currently employed? YES NO

Are you registered with the Department of Labor? YES N O If yes, when did you register? _____

EDUCATION HISTORY-Specific college hours must be listed in this section

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Graduate or Equivalent Yes No	Vocational School Attended:	No. of Months	Area of Study	Date Completed
Name and Location of Schools Attended	Field of Study or Area of Concentration		Degree Obtained	Dates Attended	
	Major	Minor			
1.					
2.					
3.					

Licenses and Certifications			
	Specialization	Certificate #	Expiration
	Specialization	Certificate #	Expiration

WORK HISTORY- You may submit a resume in lieu of completing this application

Begin with your current or most recent job. You may include military and volunteer experience. If you worked for the same employer at various times and held different positions, describe them separately. Emphasize work you feel relates to the training for which you are applying.

Current or last employer:

Phone Number

Address

Official Job Title

Supervisor

From: (mm/yy)

To: (mm/yy)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

May we contact them?

Please list the details of duties performed:

Employer:

Phone Number

Address

Official Job Title

Supervisor

From: (mm/yy)

To: (mm/yy)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

May we contact them?

Please list the details of duties performed:

Employer:

Phone Number

Address

Official Job Title

Supervisor

From: (mm/yy)

To: (mm/yy)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

May we contact them?

Please list the details of duties performed:

We must give preference to people with certain barriers to employment. If any of the following are barrier to your employment, you will be given preference over individuals without these barriers:

1. I lack a consistent place to sleep at night
__Yes__No
2. English is not my primary language
__Yes__No
3. I have limited ability to read, write, and understand English
__Yes__No
4. My current level of problem solving, reading, or writing is makes it difficult to find or perform a job
__Yes__No
5. I compute or solve problems, read, or write at or below a 8th grade level
__Yes__No
6. I am a veteran
__Yes__No
7. My spouse is a veteran
__Yes__No
8. My rent/mortgage is unpaid/overdue
__Yes__No
9. I often borrow money to pay my rent/mortgage
__Yes__No
10. My real estate taxes are unpaid or overdue
__Yes__No
11. I am temporarily living with a family member/friend
__Yes__No
12. I have involuntarily moved multiple times in the last year
__Yes__No
13. My credit history disqualifies me from most rental/lease options
__Yes__No
14. I cannot pay my rent/mortgage most months
__Yes__No
15. I frequently have unpaid or overdue gas, electric, or water bills
__Yes__No
16. I have been evicted in last 12 months
__Yes__No
17. I have lived in a shelter in the last 12 months
__Yes__No
18. I have failed to find a job after using services such as Vocational Rehab or of Veterans Employment and Training service, or other Department of Labor Services
__Yes__No
19. My lack of job experience has made it difficult to find a job
__Yes__No
20. I have been out of work for
Please Circle One
 - 1+ years
 - 5+ years
 - 10+ years
21. I lack a high school diploma or GED
__Yes__No
22. I have a disability and/or I receive social security disability insurance (SSDI)
__Yes__No

The following questions will help us determine what training opportunities may be appropriate for you. Failure to answer these questions completely and honestly may disqualify you from the program. We conduct criminal background checks on all participants.

- Have you ever been convicted of a felony?

_____ Yes _____ No

Signature X _____

- Have you ever been shown by credible evidence (e.g. a court or jury, a department of investigation, or other reliable source) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

_____ Yes _____ No

Signature X _____

SCSEP Training Focus

Please list what types of training you need in order to gain employment:

REFERENCES: Please give the names of three persons not related to you, whom you have known for at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge and understand that, if employed, false or misleading statements on this application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application for SCSEP training as may be necessary in arriving at an employment decision.

Should I be enrolled in the SCSEP, I will fully adhere to the rules and regulations of the program. Upon exit from the SCSEP, I authorize the release of reference information of my training through the Athens Community Council on Aging.

X _____
Applicant's Signature

Date

How would you rate your computer skills?

- Extreme novice** - I am just getting used to using a computer.
- Some knowledge** - I can perform basic functions.
- Moderate knowledge** - I have been using computers for a little while and know my way around, but I occasionally need help.
- Expert** - I have a great deal of experience with computers and their functions. Others can call on me for help with computer related problems.

Please identify the topics you feel you need to improve, in order to find employment:

Basic Computer Skills

- Typing
- Using a mouse
- Navigating the internet

General Job Skills

- Communication
- Conflict resolution
- Time Management
- Organization

Microsoft Office

- Word
- Excel
- PowerPoint
- Outlook

Job Searching assistance

- Interview practice
- Resume drafting
- Online job searching

Core Skills

- Math
- Reading
- Writing

Clerical Skills

- Using a multi-line phone system
- Using email in an office setting
- Customer Service
- Data entry

Household Letter

(To be signed by another person, such as a neighbor, friend or relative, with his/her address)

DATE: / /

To Whom It May Concern:

(Applicant's Name)

Lives at: _____

And lives with _____ other person(s). List relationship of household members to the applicant (spouse, sister, child friend):

Witness's signature and address:

Signed: _____ **Date:** _____

Name: _____

(Printed)

Address _____

City, State
& Zip Code _____

Witness's Relationship to Applicant: _____
