Walmart Brighter Futures 2.0 Project: Moving Low-Income Individuals into Middle-Skill Jobs





El Centro College

CURRENT DATE

Personal Information						
Last Name		First Na		ime		МІ
SS#	Gender Male	Female		Date of Birth	Stu	ident ID
Address		Apt.	City	State	Zip Code	County
Mailing Address (If different	ent from above)					OFICE USE ONLY
Personal e-mail	Co	ollege e-mail				Skills Quest NPower ECC
Do you agree to be conta	icted via text messag	e?	Yes	No		Course Name
Home phone	Cell Phone	Alterna	te/Bus. F	Phone		Course #
How Many People are in	Your Household	0 1	2	3 4 or mo	ore	Course Section #
Age of household membe		18 Adı	ult 19-24	Adult 25-5	5 Adu	lt 56+
Race Ethnicity (Please s	elect all that apply)				
American Indian or Alaska Native	Hawaiian Native or	Pacific Islande	er	Asian	Black or Afri	can American
White	Hispanic/Latino			Multi Ethnic	Unknown	
Citizenship Informatio	on (Please select c	orrect box)				
US Citizen	Permanent Residen	t	Other			
Right to Work (Please	select correct box)					. <u></u>
Legal Alien	ID Number			Permanent	Ten	nporary
Student Visa Alien	ID Number			Permanent	Ten	nporary
Military Status (Pleas Yes, Active Military Duty		-	No. No	t a veteran	Yes	, Eligible spouse
			110, 110			
Disability Status (Pleas	se select correct bo					

Are you disabled as defined by the American with Disabilities Act (ADA)?

Yes

No

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Legal (Please select correct bo	ox and expand o	on answe	er)			
Are you registered with Selective Service?		Yes	Νο			
Have you been convicted of a crime?		Yes	No			
If yes, continue below.						
Felony	Offense and Year	r:				
Misdemeanor	Offense and Year:					
Gross Misdemeanor	Offense and Year:					
Current Work Status						
Employed	Disability		Dislocated Worker	Unemploye	ed	
Migrant/Seasonal	Farm Worker		Employee Benefits			
Current Employment						
Name of Employer		Date of Employment				
Name of Employer			Date of Em	ployment		
		Hours W	Date of Em /orked Per Week	ployment Hourly Wage		
Job Title		Hours W				
Job Title Education and Training	/training	Hours W Yes		Hourly Wage	nrt Time	
Job Title Education and Training Are you currently attending school	/training End Date		/orked Per Week	Hourly Wage	nrt Time	
Job Title Education and Training Are you currently attending school Start Date	End Date	Yes	/orked Per Week No Full Ti Program	Hourly Wage ime Pa	urt Time No	
Job Title Education and Training Are you currently attending school Start Date I am currently participating in pract	End Date	Yes	/orked Per Week No Full Ti Program	Hourly Wage ime Pa		
Job Title Education and Training Are you currently attending school Start Date I am currently participating in pract	End Date ticum, clinical or	Yes other rec	/orked Per Week No Full Ti Program	Hourly Wage ime Pa		
Job Title Education and Training Are you currently attending school Start Date I am currently participating in pract Pell Grant Eligible Education	End Date ticum, clinical or	Yes other rec	/orked Per Week No Full Ti Program	Hourly Wage ime Pa ng Yes		
Job Title Education and Training Are you currently attending school Start Date I am currently participating in pract Pell Grant Eligible Education	End Date ticum, clinical or Yes	Yes other rec No	/orked Per Week No Full Ti Program quired on-the-job trainin	Hourly Wage ime Pa ng Yes		

This information is being requested to determine eligibility of grant-funded services. I know that state and federal privacy laws protect my records. I understand.

Why I am being asked to release this information.

I do not have to provide the information or consent designated on this form, however, if I do not, I will be ineligible for grant-funded services including assistance with support for career planning and job-seeking needs, and classroom simulation activities.

Any information obtained will be kept confidential.

Grant staff may contact me in regard to services they may be able to provide and/or obtain information the Department of Labor requires for reporting purposes.

I authorize El Centro College, grant staff and the U. S. Dept. of Labor to share information about me in order to provide grant-funded services.

I may stop this consent with written notice at any time, but written notice will not affect information the agency already has.

I attest the information I have provided is true and correct to the best of my knowledge.