



### GENERAL INFORMATION

LEGAL NAME: First: Middle: Last:		DATE: / /
ADDRESS:		APT/UNIT #
CITY:	STATE:	ZIP CODE:
E-MAIL:		
HOME PHONE: ( ) -		CELL PHONE: ( ) -
EMERGENCY CONTACT:		
NAME:	RELATIONSHIP:	PHONE NUMBER: ( )
AGE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE:		
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
<input type="checkbox"/> ASIAN	<input type="checkbox"/> WHITE	
<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN	<input type="checkbox"/> MULTI-ETHNIC	
<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> UNKNOWN	
CITIZENSHIP AND PUBLIC SERVICE STATUS:		
<input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER (Country of Origin):		
ARE YOU ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NATIVE LANGUAGE (if other than English):		

### EMPLOYMENT STATUS AND HISTORY

#### EMPLOYMENT STATUS (Please check all that apply):

- ☐ EMPLOYED (specify): ☐ FULL-TIME ☐ PART-TIME  
☐ EMPLOYED BUT MY PAY OR HOURS ARE NOT SUFFICIENT FOR MY FAMILY'S BASIC NEEDS  
☐ UNEMPLOYED AND LOOKING FOR WORK  
☐ UNEMPLOYED AND NOT LOOKING FOR WORK

ARE YOU A DISLOCATED WORKER? ☐ YES ☐ NO

A dislocated worker is an individual 20 years of age or older who either left or lost his or her job because the company closed, relocated, abolished their position or shift, or did not have enough work to give the employee.

#### EMPLOYER NAME (current or most recent):

REASON FOR LEAVING (if applicable):

JOB TITLE:

JOB DUTIES:

START DATE: / / END DATE: / /

HOURLY WAGE: \$ HOURS PER WEEK: ☐ FULL-TIME ☐ PART-TIME

### INCOME ELIGIBILITY

NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD:

DO YOU HAVE PRIMARY RESPONSIBILITY FOR SUPPORTING THE INDIVIDUALS IN YOUR HOUSEHOLD? ☐ YES ☐ NO

GROSS FAMILY INCOME FROM THE LAST 12 MONTHS: \$

\*Gross income is the total family income before taxes and deductions.

#### DO YOU RECEIVE ANY OF THE FOLLOWING:

FOOD ASSISTANCE (formerly known as FOOD STAMPS):

☐ YES ☐ NO

TANF/PROMISE JOBS:

☐ YES ☐ NO

SOCIAL SECURITY/DISABILITY

☐ YES ☐ NO

GENERAL ASSISTANCE:

☐ YES ☐ NO

ARE YOU CURRENTLY RECEIVING OTHER FINANCIAL ASSISTANCE?

☐ YES ☐ NO

PROGRAMS HERE:

IF YES, PLEASE LIST THE

## EDUCATION STATUS

CURRENTLY ATTENDING SCHOOL? ☐ YES ☐ NO

PROGRAM/MAJOR:

LAST GRADE COMPLETED:

- ☐ 0-11 (Please specify last grade completed):  
☐ HIGH SCHOOL DIPLOMA ☐ GED  
☐ CERTIFICATION ☐ 1 YEAR DIPLOMA  
☐ ASSOCIATE'S DEGREE ☐ BACHELOR'S DEGREE  
☐ MASTER'S DEGREE ☐ DOCTORATE

I BELIEVE I LACK THE CAREER AND TECHNICAL SKILLS NEEDED TO OBTAIN A JOB THAT PROVIDES FOR MY FAMILY'S BASIC NEEDS.

☐ YES ☐ NO

## TRAINING/SERVICES/ASSISTANCE NEEDED

ARE YOU CURRENTLY ENROLLED IN ONE OR MORE OF THE FOLLOWING PROGRAMS? PLEASE CHECK ALL THAT APPLY?

- ☐ ADULT BASIC EDUCATION/ GED/ ENGLISH AS A SECOND LANGUAGE  
☐ GAP  
☐ KPACE- KIRKWOOD PATHWAYS FOR ACADEMIC CAREER EDUCATION AND EMPLOYMENT  
☐ PROJECT START/FINISH  
☐ KIRKWOOD COMMUNITY COLLEGE  
☐ OTHER (Please Specify):

PLEASE SPECIFY THE INDUSTRY YOU DESIRE TO WORK IN:

- ☐ ADVANCED MANUFACTURING ☐ OTHER (Please Specify):  
☐ HEALTHCARE ☐ UNKNOWN  
☐ INFORMATION TECHNOLOGY

## DISCLOSURE/RELEASE OF INFORMATION/SIGNATURE

☐ Please check this box to verify you have read and agree to the following statement. Then print the form to provide your social security number, signature and date.

I provide permission to Kirkwood Community College to release personally identifiable information from my education records to assist the Iowa Department of education in obtaining and reporting information concerning the placement and retention of students in employment as required by section 212 of the Adult Education and Family Literacy Act. I understand that the personally identifiable information will be disclosed by Kirkwood Community College to Iowa Workforce Development and the National Student Clearinghouse. This information may not be re-disclosed to others and will be destroyed as soon as all statistical analysis has been performed, or when the information is no longer needed, whichever date comes first.

Social Security Number: \_\_\_\_\_

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

Parent Signature (if under the age of 18): \_\_\_\_\_

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

Thank you for completing this initial application. A Kirkwood team member will be in contact with you to further discuss the information you have provided and assist you with connecting to services to address your interests and/or needs.