



PARTICIPATION APPLICATION
and AGREEMENT for
AUTOMOTIVE TRAINING
PROGRAM

PERSONAL INFORMATION

First Name

Middle Initial

Last Name

Current Street Address

City

State

Zip code

() CELL

() HOME

@

Email

Phone Number

Last 5 of your social security number _____

Gender (Circle One)

Female Male

Date of Birth (mo/day/year)

Housing Status (Circle One)

Own

Rent

Staying with Family/Friend

Transitional Shelter

Other

If Other, please explain:

*In order to participate in the Automotive Program, you must have stable housing with access to running water and restroom facilities. If accepted, you will need to verify that you have secured stable housing for the duration of the program.

EMERGENCY CONTACT INFORMATION

Name _____

GAP Ministries Inc. – 2861 N. Flowing Wells Rd., Suite 161, Tucson, AZ 85705 www.gapmin.com (520) 877-8077

Relationship to you	Phone	Email
---------------------	-------	-------

EMPLOYMENT HISTORY

*Please provide complete information on your last three jobs, starting with the most recent. Note: Experience is not a requirement for admission to the Automotive Program.

(1)

Employer (Company Name)	Job Title
-------------------------	-----------

Name of Supervisor	Supervisor's Phone Number
--------------------	---------------------------

Duties/Responsibilities

Start Date	End Date
------------	----------

Reason for leaving

(2)

Employer (Company Name)	Job Title
-------------------------	-----------

Name of Supervisor	Supervisor's Phone Number
--------------------	---------------------------

Duties/Responsibilities

Start Date	End Date
------------	----------

Reason for leaving

(3)

Employer (Company Name)	Job Title
-------------------------	-----------

Name of Supervisor	Supervisor's Phone Number
--------------------	---------------------------

Duties/Responsibilities

Start Date End Date

Reason for leaving

EDUCATION

Last Grade Completed (#)

Highest Level of Educational Achievement (Circle One)

High School Graduate Studying for GED GED Complete College Graduate None of the Above

Other Special Trainings or Certifications

Do you have any prior Automotive experience (e.g. employment, volunteer) or education? (Circle One) Yes No

If yes, please describe:

ADDITIONAL INFORMATION

Have you applied to or been enrolled in this program before? (Circle One) Yes No

How did you hear about the the automotive Program?

REFERENCES

*Please list two references who are not relatives or previous supervisors. These should be individuals who have known you well for 1 year or more.

(1)

Name Relationship to you

Phone Number How long have you known them?

(2)

Name	Relationship to you
-------------	----------------------------

Phone Number	How long have you known them?
---------------------	--------------------------------------

BACKGROUND INFORMATIONAre you a Veteran? (Circle One) **Yes** **No**Have you ever been convicted of a felony? (Circle One) **Yes** **No**If Yes, Please explain _____
_____Do you have a parole or probation officer? (Circle One) **Yes** **No**

If Yes, Please provide:

Parole Officer Name	Phone Number
----------------------------	---------------------

HOUSEHOLD, TRANSPORTATION AND LIVING SITUATION

Please indicate the ethnicity with which you identify (Circle One)

Caucasian or White African American or Black Hispanic or Latino

Asian American Indian or Native American Other

Prefer not to answer

Is English your first language?

Do you have a secure place to live for the next three months while in the program?

(Circle One) **Yes** **No**If No, What is your plan to secure housing during the program?

_____Are you the head of your household? (Circle One) **Yes** **No**

Number of People in Household _____

How many children do you have? _____

What are the ages of the children? _____

If selected for the Automotive Training Program, will you be able to accommodate stable childcare during the 10 week program? (Circle One) **Yes** **No**

Please indicate your intended source of transportation _____

SOCIAL SERVICES INFORMATION & INCOME DISCLOSURE

Do you have a Case Worker/Manager? (Circle One) Yes No

Case worker name

Agency Name

Case worker phone number

email

@

Does your Case Worker/Case Manager know you are applying to this program? (Circle One) Yes No

Does your household currently have a source of income? (Circle One) Yes No

What is your monthly household income? \$ _____

Please check all of your source(s) of income

___ Employment

___ Family Support

___ Unemployment

___ Social Security

___ Social Security

___ Other: _____

Please specify

___ Disability

Please check all of the following benefits or services you currently receive and amount you receive per month

___ Snap (Food Stamps), if checked, how much per month? \$ _____

___ Medicaid/AHCCCS, if checked, how much per month? \$ _____

___ SSI, if checked, how much per month? \$ _____

___ Cash Assistance, if checked, how much per month? \$ _____

___ Unemployment Benefits, if checked, how much per month? \$ _____

___ Other _____, if checked, how much per month? \$ _____

Please specify

Please check any service(s) that you need help with:

___ Medical Care

___ Dental Health

___ Food Programs

___ Clothing

___ Housing/Utilities

___ Pregnancy Services

___ Substance Abuse Treatment

___ Mental or Behavioral Health

___ Domestic Violence Services

___ Personal or Family Counseling

MEDICAL HISTORY AND INFORMATION

Do you have any regular ongoing appointments?
(e.g. Doctor, Probation Officer, Parole Officer, Counseling, Therapy, Classes) (Circle One) Yes No

If Yes, Please
explain _____

Do you have any medical conditions that make certain work or physical activities difficult for you?
(Circle One) Yes No

If Yes, Please
explain _____

Do you suffer from or have you previously been diagnosed with depression, anxiety, or any behavioral or mental conditions? (Circle One) Yes No

Do you take any medications that may cause you to experience side effects, such as drowsiness, impaired motor skills, or impaired judgment? (Circle One) Yes No

Do you have a food borne illness that prevents you from working with food (e.g. Hepatitis A)?
(Circle One) Yes No

Do you have any food restrictions or allergies? If yes, please describe.

Are you currently or have ever been involved in any type of drug or alcohol rehabilitation?
(Circle One) Yes No

If Yes, Which program? _____

TRAINING REQUIREMENTS

Listed below are some program requirements. Please review and initial that you agree to these requirements.

_____ I understand that daily attendance is from 8:30 A.M. to 4:30 P.M. and is required.

_____ I understand that I must be on time and prepared to stay the entire day.

_____ I understand that I must be willing to accept instruction from my instructors and complete the tasks that are assigned to me with a positive attitude.

_____ I understand that this is a free program, and I will not be paid in monetary funds. If on SNAP it will not effect my benefits.

_____ I understand that I must be clean and sober for at least 90 days.

_____ I understand that GAP Ministries is not responsible for damage, loss, or theft of my personal property. _____ I understand that I must maintain personal hygiene and that my attire will be clean and without visible signs of damage.

ELIGIBILITY REQUIREMENTS

Do you have a legal right to be employed in the US? (Circle One) Yes No

All instruction and communication for this program is conducted in English. If selected, are you able to read, write and communicate in English proficiently? (Circle One) Yes No

Mechanic duties include but are not limited to:

