

Date

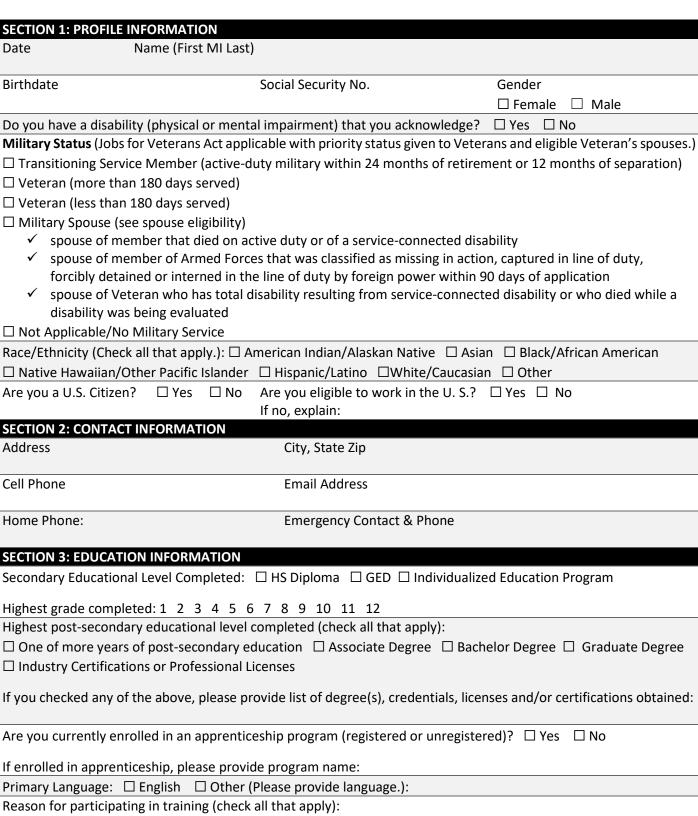
Birthdate

Address

Cell Phone

Home Phone:

ALABAMA ADVANCED MANUFACTURING **APPRENTICESHIP PROGRAM - PARTICIPANT APPLICATION**



□ Gainful Employment □ Retain Employment □ Promotion/Raise □ Upgrade Skill Sets □ Other

SECTION 4: EMPLOYMENT INFORMATION

Are you currently employed? (Applies to paid or unpaid.) Paid 🗆 Yes 💿 No Unpaid 🗔 Yes 🗔 No
If yes, please list your current employer:
Work Phone: Current Position:
work mone.
Which of the following describes your employment status (check all that apply)?
\Box Employed (but seeking increase skills to earn promotion, wage increase or obtain new employment)
Employed (but received notice of termination of employment or military separation pending)
\Box Underemployed (employed only part-time, temporary, or sporadically or employed full-time, but at a job below
skills, education, training or past pay level)
Unemployed (due to company/facility layoff or closure)
Unemployed (seeking employment)
Long-term Unemployed (more than 27 weeks)
Not in Labor Force (Not employed and not seeking employment – includes incarcerated)
Select all that apply to Dislocated Worker status:
Displaced Worker (not eligible for unemployment compensation)
Displaced Worker (under notice of termination)
\Box Displaced Self-Employed (loss of business due to economic and/or natural disaster in local area)
Displaced Homemaker (returning to workforce)
Displaced Spouse of Active Armed Forces (experienced loss of employment due to relocation)
Have you ever been arrested and/or convicted of a felony and/or misdemeanor that resulted in legal proceedings,
criminal record and/or incarceration? Yes No
Check all that apply to you and/or your family (currently and/or in the last 6 months):
\Box Temporary Assistance to Needy Families (TANF) Recipient (temporary financial assistance for basic needs)
\Box Supplemental Nutrition Assistance Program (SNAP) Recipient (monthly food assistance)
 Supplemental Security Income Program Recipient (financial assistance for disabled adults and children with limited income and assets)
\Box Income-based Public Assistance Recipient (other state or local assistance not referenced above)
Homeless or Runaway
Disabled (with own income at or below poverty line but member of family whose income exceeds poverty line)
\Box Low Family Income (total family income at or below the poverty line or below 70% of lower living standard)
Receives or Eligible for Free or Reduced Lunch
\Box Youth in Foster Care (in a foster family that receives state or federal foster care payments on your behalf)
□ Youth Living in High Poverty Area (<18 years old & living in a census tract /county with ≥25% poverty rate)

I certify that the statements on this application are true and complete to the best of my knowledge. I hereby waive my rights under FERPA and allow the release of the above information to the ALAMAP Project team. I understand that my information will be released to the US Department of Labor to report employment, wage, and other information needed to verify training progression, completion, and training outcomes under the ALAMAP Project, an Alabama Community College System initiative funded through a US DOL ETA *Scaling Apprenticeship Through Sector-Based Strategies* grant.

Signature: _____

Date:

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