



Arizona Opportunities Industrialization Center

39 East Jackson Street * Phoenix, Arizona

www.azoic.org



YOUTH

OIC CONFIDENTIAL

ADULT

To help us learn about your experience, abilities and interests, please complete this application for enrollment as thoroughly as possible. We will review your qualifications and will make every effort to reach a decision based solely on merit as quickly as possible. The information you provide will be considered confidential.

Social Security No		Last Name		First Name		Middle Initial
Street Address		City, State			Zip	County
Phone (Home)		Phone (Cell)			Phone (Message)	
E-Mail Address	Birth Date	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other
Type of service desired 1. _____ 2. _____ 3. _____			Why?			
Work Location Desired			Salary Desired	Per Hour	Per Month	
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you consider shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you consider a rotating work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen Alien Doc# _____		Have you applied for/or are you receiving unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Referred by DES <input type="checkbox"/> Yes <input type="checkbox"/> No	
Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed		Selective Service <input type="checkbox"/> Yes, Registered <input type="checkbox"/> No, Not Registered		<input type="checkbox"/> Not Required <input type="checkbox"/> Exempt		Disabled <input type="checkbox"/> Yes, Major <input type="checkbox"/> Yes, Substantial <input type="checkbox"/> No
Limited English <input type="checkbox"/> Yes <input type="checkbox"/> No		Substance Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No			Basic Skills Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race						
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian		<input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Black – African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		

Family Status <input type="checkbox"/> Parent in one-parent family <input type="checkbox"/> Parent in two-parent family <input type="checkbox"/> Other family member <input type="checkbox"/> Not a family member <input type="checkbox"/> Not reported		Number in Family _____	Number of Dependents < Age 18 _____	Family TANF <input type="checkbox"/> Yes <input type="checkbox"/> No
Family GA <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Refugee Cash Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	Family SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Exhaustee <input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Insurance <input type="checkbox"/> Yes, UI Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> No	Weeks Not Employed Last 26 Weeks _____	Family Income (prior 6 months) _____	Hourly Wage _____	Low Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Offender <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant/Parenting Youth <input type="checkbox"/> Yes <input type="checkbox"/> No	Youth Needing Assistance (Additional Barriers) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway Youth <input type="checkbox"/> Yes <input type="checkbox"/> No		
Poor Work History <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments _____				
Highest Grade Completed _____	Education Status <input type="checkbox"/> Student, H.S. or less <input type="checkbox"/> Student, attending post – H.S. <input type="checkbox"/> Out-of-School, H.S. dropout <input type="checkbox"/> Out-of-School, H.S. grad, employment difficulty <input type="checkbox"/> Out-of-School, H.S. grad, no employment difficulty		Veteran Status <input type="checkbox"/> Yes, <= 180 days <input type="checkbox"/> Yes, > 180 days <input type="checkbox"/> No	
Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> Yes, special disabled <input type="checkbox"/> No	Veteran Separation Date _____	Recently Separated Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Campaign Veteran <input type="checkbox"/> Vietnam-era <input type="checkbox"/> Other Veteran <input type="checkbox"/> No	
Dislocated Worker <input type="checkbox"/> Terminated or Laid off <input type="checkbox"/> Received Notice of Layoff <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Not Applicable	Dislocation Date _____	Employer Name _____		
		Employer Address _____		
		Employer Number _____		
Job Title _____	Job Code at Dislocation _____	Dislocation Industry Code _____		

ELIGIBILITY STATUS

Assessed <input type="checkbox"/> Yes, WIA <input type="checkbox"/> Yes, Non-WIA <input type="checkbox"/> Not Eligible	Eligibility <input type="checkbox"/> Adult WIA <input type="checkbox"/> Adult Low Income <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Youth (age 14 – 18) <input type="checkbox"/> Youth (age 19 – 21) <input type="checkbox"/> Veteran Grant <input type="checkbox"/> 5% Window Youth	Concurrent Participation <input type="checkbox"/> Adult Education <input type="checkbox"/> Job Corps <input type="checkbox"/> Farm Worker Program <input type="checkbox"/> Native American Program <input type="checkbox"/> Veterans' DVOP/LVER <input type="checkbox"/> Trade Adjustment Act <input type="checkbox"/> NAFTA-TAA <input type="checkbox"/> Vocational Education <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Wagner-Peyser	<input type="checkbox"/> WtW-Participant <input type="checkbox"/> Title V Activities <input type="checkbox"/> Community Service Blk Grant Program <input type="checkbox"/> HUD Program <input type="checkbox"/> Other non-WIA Program <input type="checkbox"/> Rapid Response <input type="checkbox"/> Rapid Response-Additional Assistance <input type="checkbox"/> TANF
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PERSONAL PROFILE

Answer these questions completely, not with one or two words, write as much as possible. If you need additional space please use the back of this application.

1. How did you first hear about Arizona OIC / SYWEP?

2. Why did you decide to come here for training?

3. What skill area did you chose and why?

4. Do you expect to make a career of this skill area?

5. What are your long range goals?

6. Is being here a step toward achieving those goals?

7. Do you have any previous work or job experience?

8. Were you dissatisfied with your previous job(s) and why?

9. How do you think Arizona OIC / SYWEP can help you become successful on the job, aside from teaching you a new skill?

10. What do these words mean to you?

“We Help Those Who Help Themselves”

EDUCATION**List all schools, colleges, and universities you have attended.**

Name	Address	Degree	Date

TRAINING**List any training not listed above. (For Example: Military, Company, Trade School, etc.)**

Name	Address	Certificate	Date

GENERAL HEALTH STATUS

Do you have any serious health problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any deformity which is not readily visible or noticeable? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to either of the above questions is yes, please explain.	

IN CASE OF EMERGENCY

Contact Name		
Address		
City	State	Zip
Phone Number	Message	

PERSONAL BACKGROUND

Have you ever been convicted of any LAW VIOLATION other than a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain in detail.
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HOBBIES AND INTERESTS

List and explain all hobbies and interests below.

EMPLOYMENT HISTORY

Please list your job history for the last (5) five employers. List most recent job first.

Company Name				
Company Address _____				
		City	State	Zip Code
Position			Supervisor	
Rate Of Pay	Per/Hr	Full or Part time?	Dates Of Employment	
		From _____	To _____	
Duties				
Reason For Leaving				

Company Name				
Company Address _____				
		City	State	Zip Code
Position			Supervisor	
Rate Of Pay	Per/Hr	Full or Part time?	Dates Of Employment	
		From _____	To _____	
Duties				
Reason For Leaving				

EMPLOYMENT HISTORY (cont)

Company Name				
Company Address _____				
		City	State	Zip Code
Position			Supervisor	
Rate Of Pay	Per/Hr	Full or Part time?	Dates Of Employment	
			From _____ To _____	
Duties				
Reason For Leaving				

Company Name				
Company Address _____				
		City	State	Zip Code
Position			Supervisor	
Rate Of Pay	Per/Hr	Full or Part time?	Dates Of Employment	
			From _____ To _____	
Duties				
Reason For Leaving				

Company Name				
Company Address _____				
		City	State	Zip Code
Position			Supervisor	
Rate Of Pay	Per/Hr	Full or Part time?	Dates Of Employment	
			From _____ To _____	
Duties				
Reason For Leaving				

ADDITIONAL PROGRAM SERVICES

The following pertains to other program services you may access through Arizona OIC.

1. Did you know that Arizona OIC is accredited by the North Central Association of Colleges and Schools and is recognized as an alternative Vocational Training Center specializing in the emerging information technology fields? Effective January 2001, Arizona OIC is an approved Authorized Testing Center for the Microsoft Office User Specialist program as well as a licensed vocational training provider with the Arizona State Board for Private Postsecondary Education.

Arizona OIC specializes in providing the knowledge and developing the skills required to operate computer hardware and software commonly encountered in the modern workplace. Arizona OIC rises to the challenge of preparing students to meet new business realities. Each of the programs offered at OIC helps our students develop practical, relevant computer skills for the real-world workplace. Using our programs, our students enhance their expertise in technology and increase their chances for success in every business setting.

Yes

No

2. Have you heard that our Summer Youth Work Experience Program (SYWEP) provides youth with opportunities to experience the world of work and enhance their citizenship skills during the summer months? Via this initiative, Arizona OIC promotes worksites and work assignments according to each youth's skill and/or interest. Participation in this program makes it possible for our youth to be exposed to a variety of workplace environments that allow them to gain employment skills; to develop personally and professionally; to explore career options; and to participate in mentorship, training and experiential learning activities.

Yes

No

3. Have you ever received information regarding the specialized services available to families and children, provided through Ebony House, Inc? Program services include: behavioral health treatment, education, training, testing and prevention services for adults and their children who suffer from substance abuse issues? Additionally, Ebony House, Inc. conducts an HIV/AIDS project, which seeks out high-risk African American females and heterosexual males.

Yes

No

Would you like more information about any of the above programs?

Yes

No

If yes, which?

MOUS

SYWEP

Ebony House

CERTIFICATION

All statements made on this application are subject to verification.

I UNDERSTAND AND AGREE THAT:

- A. The information that I have provided on this application is accurate and true to the best of my knowledge and subject to validation by Arizona OIC.
- B. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or termination from the program.

Signature of Interviewer	Date
Signature of Client	Date
Signature of Reviewer	Date

MISSION

To continue to be a leader in providing quality education, training, employment, healthcare, and housing services to economically disadvantaged people of all races and backgrounds enabling them to become self-sufficient and more fulfilled members of the American society.



To contribute through United Way,
please specify as
"Arizona OIC - No. 0642"

Under the Americans with Disabilities Act, Arizona Opportunities Industrialization Center will make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means that if necessary, Arizona Opportunities Industrialization Center will provide sign language interpreters for people who are deaf, a wheelchair accessible location or enlarged print materials. It also means that Arizona Opportunities Industrialization Center will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. Please contact Etta Doss at 602/254-5081.

Please list names, addresses, and phone numbers of 3 people NOT LIVING at your address who will always know how to contact you.

Name:		
City:	State:	Zip:
Phone:		Relationship:

Name:		
City:	State:	Zip:
Phone:		Relationship:

Name:		
City:	State:	Zip:
Phone:		Relationship:

