



3050 Biscayne Boulevard, Suite 202  
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[www.perscholas.org](http://www.perscholas.org)

## Application for Technology Training

(Read each question before completing. Please answer every question and print neatly)

Today's Date: \_\_\_\_\_

### Section 1. Personal Information

\_\_\_\_\_  
Last name First Name Middle Name

\_\_\_\_\_  
Present Address (include zip code)

\_\_\_\_\_  
Social Security Number Telephone Number

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are NOT a US citizen, are you a resident of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, when does your green card expire? \_\_\_\_\_

Are you able to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, do you have appropriate documentation to do so?

Please list the documentation you can provide:  
\_\_\_\_\_

How did you learn about Per Scholas? \_\_\_\_\_

1. Are you willing to accept the training hours as disclosed for this program? Yes \_\_\_\_\_ No \_\_\_\_\_

2. What is your goal after taking this training?  
\_\_\_\_\_

3. Should an employment opportunity present itself at the completion of the training, will you be able to accept it?  
Yes \_\_\_\_\_ No \_\_\_\_\_

4. a. Do you drive? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Do you have a valid Florida driver's License or Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, what class? \_\_\_\_\_

c. If you have a license but cannot use it now, please explain. \_\_\_\_\_

d. License from ANOTHER state? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, which state? \_\_\_\_\_

5. What languages besides English do you speak or read?  
Check each that applies: Speak Read Write:

a. \_\_\_\_\_

b. \_\_\_\_\_

6. Can you Type? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES: number of words per minute? \_\_\_\_\_

7. Are you computer literate? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, what software programs are you familiar with?  
\_\_\_\_\_

8. Do you have any type of technical training? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, what hardware and/or software programs are you familiar with?  
\_\_\_\_\_
9. Have you ever attempted to fix a mechanical device? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, Please explain:  
\_\_\_\_\_
10. Are there any health-related issues, such as a back injury, that would interfere with your training/job participation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, explain:  
\_\_\_\_\_
11. Do you have or foresee any other problems, personal or financial, that will hinder your participation in our program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, explain:  
\_\_\_\_\_
12. Do you foresee any other problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, explain:  
\_\_\_\_\_
13. Who currently lives in your household?  
\_\_\_\_\_
14. Are you living in permanent housing? If no, please explain:  
\_\_\_\_\_
15. Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_ Ages: \_\_\_\_\_
16. Are there other children living in your household beside your own? No \_\_\_\_\_ Yes \_\_\_\_\_  
If YES, how many children? \_\_\_\_\_
17. What grade level is/are your child or children in?  
Pre-School \_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_
18. Do you have proper childcare arrangements? Yes \_\_\_\_\_ No \_\_\_\_\_
19. Are you or have you ever been in trouble with the law? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, explain:  
\_\_\_\_\_
20. Are you or have ever been enrolled in an alcohol or drug rehabilitation program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, explain:  
\_\_\_\_\_
21. Are you currently participating in a residential treatment program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, what stage of treatment are you in?  
\_\_\_\_\_
22. Do you have any objections to submitting to drug testing and a background check? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Will you be flexible if a classroom scheduling change should occur by the Director of the program?  
Yes \_\_\_\_\_ No \_\_\_\_\_
24. During the job search phase of our training program you will be asked to present documentation of your job search efforts at the end of each day, would this be a problem?  
Yes \_\_\_\_\_ No \_\_\_\_\_
25. What type of transportation do you use to get here?  
(Check all that apply)  
Train \_\_\_\_\_ Car \_\_\_\_\_ Within walking distance \_\_\_\_\_
26. How much time does it takes you to get here from home? \_\_\_\_\_

27. **Income Source:**

Unemployment Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Indicate date when you began to receive benefits: \_\_\_\_\_

Public Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ Case Number: \_\_\_\_\_

Disability Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, what is the nature of your disability?  
 \_\_\_\_\_

Receiving support from (check one):      Spouse \_\_\_\_\_ Parents \_\_\_\_\_ Other family \_\_\_\_\_ Friends \_\_\_\_\_

**Section 2. Educational History**

Complete all sections that are appropriate:  
 (Please use other side for additional information.)

	School Name	Highest Grade Completed.	Did You graduate?	Please state your major. (Even if you did not complete course.)
High School				
GED				
College				
Technical School				
Other				

Are you seeking or currently attending any other educational services?      Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, where \_\_\_\_\_

**Section 3. Work History**

1. Do you have a resume?      Yes \_\_\_\_\_ No \_\_\_\_\_      Is it updated?      Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are you currently pending full or part time employment at this time?      Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, where \_\_\_\_\_

3. Do you have I-9 documentation? (**SS card, photo ID, Green Card, etc.**)      Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you currently have an interviewing outfit?      Yes \_\_\_\_\_ No \_\_\_\_\_

If not, will purchasing this outfit be a problem?      Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you ever worked before?      Yes \_\_\_\_\_ No \_\_\_\_\_

If you have worked before (including volunteer experience), complete the sections below. If not, go the next section. Please list the most recent job first.

1. \_\_\_\_\_  
Company Name Last Position Held  
\_\_\_\_\_  
Address Phone Name of Supervisor  
\_\_\_\_\_  
Why did you leave? Dates Employed From (mm/yy) To (mm/yy)  
What were you earning at the time you discontinued working with this employer? \$ \_\_\_\_\_ Annually/Hourly  
How many hours did you work per week? \_\_\_\_\_ How many months did you work on average? \_\_\_\_\_

2. \_\_\_\_\_  
Company Name Last Position Held  
\_\_\_\_\_  
Address Phone Name of Supervisor  
\_\_\_\_\_  
Why did you leave? Dates Employed From (mm/yy) To (mm/yy)  
What were you earning at the time you discontinued working with this employer? \$ \_\_\_\_\_ Annually/Hourly  
How many hours did you work per week? \_\_\_\_\_ How many months did you work on average? \_\_\_\_\_

3. \_\_\_\_\_  
Company Name Last Position Held  
\_\_\_\_\_  
Address Phone Name of Supervisor  
\_\_\_\_\_  
Why did you leave? Dates Employed From (mm/yy) To (mm/yy)  
What were you earning at the time you discontinued working with this employer? \$ \_\_\_\_\_ Annually/Hourly  
How many hours did you work per week? \_\_\_\_\_ How many months did you work on average? \_\_\_\_\_

**Section 4. Recommendations** (List three people that would give you a recommendation.)

1. \_\_\_\_\_  
Name of Person Professional Title Phone Number  
2. \_\_\_\_\_  
Name of Person Professional Title Phone Number  
3. \_\_\_\_\_  
Name of Person Professional Title Phone Number