

Fort Worx Job Training Application

INSTRUCTIONS: PRINT IN BLACK INK OR TYPE. Fill out application form completely. If questions are not applicable, enter "N/A." Do not leave questions blank. Be sure to sign when completed. Completed applications can be emailed to **fortworx@tafb.org**.

Today's Date:							
Legal Name:							
First		Middle			Last		
Preferred Name:							
Current Address:							
Mailing Address (if different): _							
Cell Phone: ()	Alter	nate Phone:	() _				
Email address:							
Preferred Contact Method:	Text	Phone		Email			
Are you over the age of 18? Are you legally eligible to work Do you have a food borne illnes			Yes	No		Yes	NI -
Do you have secure housing for	•	•	_	Yes	No	163	No
Are you currently in a residentia	al program?	Yes	No	103			
If yes, when is your mov					_		
If yes, do you have a pla	_	-				0	
Do you have adequate childcare		•	_	Yes	No	N/A	R.I
Do you have reliable transporta	ition to comm	ute to our cla	iss iocatio	on everv d	ıav?	Yes	N

Referral

For this program, please indicate your shift availability in the table below by placing an X in the box of days you CAN participate:

General Availability:							
Shifts	Mon	Tues	Wed	Thurs	Friday	Sat	Sun
8:00 am - 5:00 pm							
2:00 pm – 10:00 pm							

Do you foresee	anything that might keep y	you from participating ir	this 16-week pr	ogram,
including workir	ng weekends, holidays, and	d/or evening hours?	Yes No)
If yes, please de	escribe:			
Background (<i>F</i>	Having a conviction does no	ot automatically disquali	ify you for the pr	ogram.)
Have you ever b	peen convicted of a felony	or violent crime?	es No	
If yes, gi	ive dates and details:			
Education				
Do you have:	High School Diploma College Degree	GED Some College (Years	s: Months	s)
Are you current	ly in school, a training pro	gram, taking language o	or GED classes?	Yes No
Have you previo	ously attended another job	training program? Ye	es No	
Please de	escribe:			
Employment				
Do you have an	y prior food service experi	ence or education? Ye	s No	
Please de	escribe:			
Are you current	ly employed? Yes No	If Yes, where?		
Current ¡	position:	How many h	ours per week? _	

Did someone refer you to this p	program? Yes No
Name:	Relationship:
How did you hear about this tra	aining?
Do you have a Case Worker/Ca	se Manager? Yes No
Name:	Phone: ()
Agency:	Email:
Essay Questions What are personal strengths? V	What skills will you bring to the program if accepted?
What challenges have you expe	erienced in reaching your job goals, and what are you doing to
resolve them?	
Why are you applying to this tr	aining program?

Applicant Signature Date	
termination from the program. Further, I understand that any are grounds to reject my application.	
I certify that the information in this application is true and corr knowledge. I understand that falsification of any information ca	
Certification	
What are your overall career goals?	
What do you hope to gain from this training program?	
Tore work Application continued	
Fort Worx Application Continued	