



Groundwork Providence  
8 Third Street  
Providence, RI 02906

To apply, please email the finished application to [arose@groundworkprovidence.org](mailto:arose@groundworkprovidence.org) or you can mail it or drop it off at our office located at **8 Third St, Providence, RI 02906.**

Please contact Amelia Rose, Executive Director, at (401) 559-2204 if you have any questions.

## Adult Environmental Job Training Program

### ENROLLMENT APPLICATION

Thank you for your decision to apply for enrollment in the Groundwork Providence Adult Environmental Job Training Program. **All of the information you provide for this application is considered confidential** and will be used for program evaluation purposes only.

As you fill out this application **please be sure to print all of your answers clearly in blue or black ink.** In submitting this application you verify your responses to be true. Any false or incomplete statements may result in denial of enrollment into the program.

If you have any questions, please do not hesitate to contact Groundwork Providence staff at the phone or email listed above. Best wishes as you pursue your career plans!

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

Student ID #

#### PERSONAL DATA

(For Groundwork Staff Only)

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female  Male   
m/d/year

Social Security Number

Permanent Address: \_\_\_\_\_  
Number, Street Apt. #  
\_\_\_\_\_  
City & State Zip Code

Home Phone: ( )

Do you prefer being contacted on your home phone or on your cell phone? \_\_\_\_\_

Cell Phone: ( )

Do you prefer text messages? \_\_\_\_\_

Best time(s) to reach you by phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a Providence Housing Authority resident? \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

In case of an emergency whom should we contact?

_____		_____
Name		Relationship to you
Address: _____		
Number, Street	Apt. #	City/ State/ Zip
Home Phone: (        )		
Cell Phone: (        )		

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**LANGUAGE**

Language(s) Spoken:  English  French  Khmer  Portuguese  Spanish  Other: \_\_\_\_\_

What is your primary language? \_\_\_\_\_

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**PROGRAM AFFILIATION**

How did you find out about Groundwork Providence's Adult Environmental Job Training Program?

- Providence First Source     Church     Library     Barber Shop/ Beauty Salon     Grocery  
 Community Center     Health Center     Welfare Center     Social Worker     Patrol Officer  
 Friend/ Family     Network RI     Website     Non-Profit Organization  
 Veteran's Adm.     Other \_\_\_\_\_

Name of Person and/or Organization who referred you: \_\_\_\_\_

Have you previously applied for admission to a Groundwork program?    YES    NO  
If yes, when? \_\_\_\_\_

Do you know anyone who previously participated in this program?

_____	_____
Name	Relationship to you
Do you know anyone who is currently applying?	
_____	_____
Name	Relationship to you

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**RACE/ETHNICITY**

**\*\*\* Note: While the categories below are imperfect and cannot capture everyone's individual identity, please tell us to the best of your ability how you describe yourself in terms of your race and/or ethnicity within the following categories. This information is for grant reporting purposes only.\*\*\***

- White/European-American  
 Black/African-American  
 Hispanic/Latino  
 South Asian (India, Pakistan, Nepal, etc.)



**EDUCATIONAL BACKGROUND**

School last attended:

Name of School	City/ State	Year(s) Attended
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Highest Grade Completed:  9  10  11  12  13  14  15  16

Did you graduate from high school?  Yes  No If yes, completion date? \_\_\_\_\_  
month/ year

Did you withdraw and complete a GED?  Yes  No If yes, completion date: \_\_\_\_\_  
month/ year

Are you currently enrolled in a GED program?  Yes  No If yes, start date: \_\_\_\_\_  
month/ year

Name of GED program presently enrolled in: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Have you attended other training or education programs since high school?  Yes  No

If yes, Name of School, program, or institute \_\_\_\_\_

\_\_\_\_\_ city/ state \_\_\_\_\_ mo/yr - mo/yr Complete?  Yes  No

If you have attended more than one program, please include a list of these on a separate piece of paper.

**INCOME**

**\*\*\*Note: Individuals of all income levels are encouraged to apply. In no way will income level effect acceptance decision(s). We collect this information for grant reporting purposes only.\*\*\***

Does your household currently receive financial assistance from the State of Rhode Island?  Yes  No

Are you the head of household?  Yes  No

How many people in your household? \_\_\_\_\_

How much does your **household (not just you as an individual, unless you live alone)** earn on a yearly basis? Please select from the following chart:

2013-14 Income Limits**	Household Size*			
	1 Person	2 Persons	3 Persons	4 Persons
30% of AMI***	\$0 - \$15,200	\$0 - \$17,350	\$0 - \$19,500	\$0 - \$21,650
50% of AMI	\$15,201 - \$25,300	\$17,351 - \$28,900	\$19,501 - \$32,500	\$21,651 - \$36,100
80% of AMI	\$25,301 - \$40,450	\$28,901 - \$46,200	\$32,501 - \$52,000	\$36,101 - \$57,750
80% + of AMI	\$40,451 +	\$46,201 +	\$52,001 +	\$57,751 +
	5 Persons	6 Persons	7 Persons	8 Persons
30% of AMI	\$0 - \$23,400	\$0 - \$25,150	\$0 - \$26,850	\$0 - \$28,600
50% of AMI	\$23,401 - \$39,000	\$25,151 - \$41,900	\$26,851 - \$44,800	\$28,601 - \$47,700
80% of AMI	\$39,001 - \$62,400	\$41,901 - \$67,000	\$44,801 - \$71,650	\$47,701 - \$76,250
80% + of AMI	\$62,401 +	\$67,001 +	\$71,651 +	\$76,251 +

\*Note: Household size includes any persons that live in your residence that are related by blood, adoption, or marriage. \*\* Income Limits are updated annually. \*\*\* AMI means Area Median Income

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### EMPLOYMENT HISTORY

Do you currently have a resume?  Yes  No

Are you currently employed?  Yes  No

If yes,  Full-time  Part-time ( Day or  Evening)  Temp  Self-employed

Out of the last twelve months, how many months did you work? \_\_\_\_\_

Do you have any volunteer or community service experience?  Yes  No

Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of the following technologies do you have confidence using?

- Internet  E-mail  Word  Excel  PowerPoint  Outlook  Fax  
 Copier  Digital Camera/ Video

### Please list your three most recent jobs:

1) \_\_\_\_\_  
Employer Hrs. worked Start date End date  
(per- week) (m/ year) (m/year)

Street Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Telephone: ( )

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary/ Hourly wage: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2) \_\_\_\_\_  
Employer Hrs. worked Start date End date  
(per- week) (m/ year) (m/year)

Street Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Telephone: ( )

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary/ Hourly wage: \_\_\_\_\_

Duties:

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Reason for Leaving: \_\_\_\_\_

3) \_\_\_\_\_  
Employer Hrs. worked Start date End date  
(per- week) (m/ year) (m/year)

Street Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Telephone: ( )

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary/ Hourly wage: \_\_\_\_\_

Duties:

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Reason for Leaving: \_\_\_\_\_

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### CONSTRUCTION/OTHER EXPERIENCE

Do you have any experience in construction, renovation, labor, etc.?  Yes  No

How many years of experience?  Less than 1  between 1 - 3  more than 3

If yes, please list/describe:

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Do you have any other skills or certifications/licenses (CDL, others) that will aid you in your job search that we should know about?

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### PROGRAM READINESS

Are you available Monday thru Friday from 8:30 am - 4:30 pm?  Yes  No

Do you have a valid driver's license?  Yes  No

If not, do you have a valid state identification card?  Yes  No

How will you get to class?  Car  Bus  Bicycle  Walk  Get a ride from a friend  Don't know

Do you have any history of substance and/or drug abuse that program staff should be aware of?  
 Yes    No

If yes, please describe:

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Do you have sufficient child care coverage during class time(s)?    Yes    No

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**PERSONAL INTERESTS**

What hobbies, sports, or other community activities do you enjoy and actively participate in?

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**CERTIFICATION**

**All applicants must sign below.**

I certify that all information on this application is complete, accurate, and true to the best of my knowledge. I realize that any false statements that I know that I have made may cause this application to be rejected, or if I am enrolled in this program, may result in my termination in the program. **I also understand that I am not guaranteed employment through completion of the Groundwork Job Training Program.**

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**Applicant's Printed Name**

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**Applicant's Signature**

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**Date**  
(Month/ Day/ Year)

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**PLEASE DO NOT WRITE BELOW THIS LINE – FOR GROUNDWORK STAFF NOTES**

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