



To apply, please email the finished application to [arose@groundworkri.org](mailto:arose@groundworkri.org) or you can mail it or drop it off at our office located at **1005 Main St. #1223 Pawtucket, RI 02860.** 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 Rhode Island 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 Rhode Island staff at the phone or email listed above. Best wishes as you pursue your career plans!

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

#### PERSONAL DATA

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

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

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, Pawtucket, or Central Falls 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 Rhode Island's Adult Environmental Job Training Program?

- Providence First Source     Church/Mosque/Temple     Library     Barber Shop/ Beauty Salon     Grocery  
 Community Center     Health Center     Social Services Agency     Social Worker     Parole Officer  
 Friend/ Family     Network RI     Website     Non-Profit Organization  
 Veteran's Administration     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.)

- East Asian (China, Japan, South Korea etc.)
- Southeast Asian (Cambodia, Laos, Thailand, Vietnam, etc.)
- Native American/American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Middle Eastern/Arab/Persian or Central Asian (Afghanistan, etc.)
- Native American/American Indian **and** White
- Black/African-American **and** White
- Native American/American Indian **and** Black/African American
- Afro-Latino or Hispanic/Latino **and** Black/African American
- Other Biracial/Multiracial \_\_\_\_\_
- Other \_\_\_\_\_

### VETERAN STATUS

Are you a Veteran of military service?      Yes       No

If yes, what branch? \_\_\_\_\_ Rank: \_\_\_\_\_

Years in Service: \_\_\_\_\_  
    year – year

Were you honorably discharged?      Yes  No

### CONVICTION RECORD

**\*\*\* Note: Individuals with conviction records are still eligible and encouraged to apply. Information regarding conviction records is collected in order to best match our training participants with potential employers.\*\*\***

Do you have a record of conviction?      Yes  No

If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Are you currently on probation or parole?       Yes       No      If yes, until when? \_\_\_\_\_

Parole Officer: \_\_\_\_\_ Telephone: (      )

### HEALTH INFORMATION

Do you have any health problems or disabilities that may prevent you from fully participating in the training, or that would limit the types of work you are best suited for (can't lift over certain weight, severe asthma, etc.)?

Yes     No    If yes, please explain: \_\_\_\_\_

Do you have any allergies (food, medicine, certain materials, grass/pollen, etc)?  Yes     No

If yes, please describe: \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

School last attended: \_\_\_\_\_

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Name of School	City/ State	Year(s) Attended
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Highest Grade Completed:  9  10  11  12 College:  13  14  15  16Did you graduate from high school?  Yes  No If yes, completion date? \_\_\_\_\_  
month/ yearDid you withdraw and complete a GED?  Yes  No If yes, completion date: \_\_\_\_\_  
month/ yearAre 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 \_\_\_\_\_

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city/ state	mo/yr - mo/yr	Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you have attended more than one program, please include a list of these on a separate piece of paper.

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**INCOME****\*\*\*Note: We collect this information for grant reporting purposes only.\*\*\***Does your household currently receive financial assistance from the State of Rhode Island?  Yes  NoAre 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 stands for Area Median Income

**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  Microsoft Word  Microsoft Excel  Microsoft PowerPoint  
 Microsoft Outlook  Fax  Copier  Digital Camera/ Video  Smart Phone

***Please list your three most recent jobs:***

i) \_\_\_\_\_  

Employer	Hrs. worked (per/week)	Start date (m/ year)	End date (m/year)
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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 Adult Environmental 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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