



ETO—Initial _____	Date: _____
MT—Initial _____	Date: _____

General Information Form

Please fill out this form thoroughly so that we may serve you better; Form is 2 Pages.
All information will remain confidential.

Name _____ Client ID _____

DOB _____ SSN _____ - _____ - _____ Male _____ Female _____ Other _____

Address _____ City _____ State _____ Zip _____

County of Residence _____ E-mail _____

Home Phone _____ Cell Phone _____

Marital Status (Circle): Married Domestic Partner Single (Never Married) Separated Divorced Widowed

Race (Circle): African American American Indian/Alaskan Native Asian Caucasian
 Hawaiian/Pacific Islander Multiracial Other

Ethnicity (Circle): Hispanic Non-Hispanic Are You Disabled? Circle: Yes/No

Military Status (Circle): Active Duty Veteran Spouse/Active Duty Spouse/Veteran Never Served

Highest Education Level (Circle): No High School Diploma GED High School Diploma Some College
 AA Degree Bachelor's Degree Master's Degree Doctoral Degree

Employment Status (Circle): Full-time (35 hours or more per week) Part-time (less than 35 hours per week)
 Unemployed Not in the Workforce (homemaker, disabled, retired) Other

For the past 12 months, what is your gross household income? _____ Head of Household? Circle M/F

Insurance Status (Circle): Private Insurance (household member's employer) Government Insurance
 Private Insurance (not through household member's employer) No Insurance

Please tell us how many people, including you, live in your household: _____

Please fill in the blanks below to tell us about your household. Do not include yourself.

Name _____ Relationship to you _____ DOB _____ Race/Ethnicity _____

Name _____ Relationship to you _____ DOB _____ Race/Ethnicity _____

Name _____ Relationship to you _____ DOB _____ Race/Ethnicity _____

Name _____ Relationship to you _____ DOB _____ Race/Ethnicity _____

Name _____ Relationship to you _____ DOB _____ Race/Ethnicity _____

Name _____ Relationship to you _____ DOB _____ Race/Ethnicity _____

Please list additional names on the back of this form.



Do you have children at any of the following schools?:

IPS School 46 Y/N Names of Child(ren) _____

IPS School 49 Y/N Names of Child(ren) _____

IPS School 63 Y/N Names of Child(ren) _____

IPS School 67 Y/N Names of Child(ren) _____

George Washington Community High School Y/N Names of Child(ren) _____

Current Grade Level (for all children 18 and under): (Please list additional information in section below)

Child 1 _____ Child 2 _____ Child 3 _____ Child 4 _____

Anticipated High School Graduation Year:

Child 1 _____ Child 2 _____ Child 3 _____ Child 4 _____

School District Each Child(ren) Attends: (Wayne Township, Washington Township, etc.)

Additional Information:

Please review Media Release statement below. This does not affect your eligibility to receive services from Mary Rigg Neighborhood Center.

Media Release

I, the undersigned, do hereby consent and agree that the Mary Rigg Neighborhood Center, its employees, or agents have the right to take photographs, videotape, or digital recording of me and/or my child, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the center's educational and marketing promotions, and program assessment. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I understand that I have the right to request a copy of a complete Media Release Policy.

Signature: _____ Date: _____

So that we may better serve you, please help us identify potential supports which may raise your income and help you find or maintain employment. Please check whether you have the following, need the following, or that it does not apply to you.

I Have I Need N/A

Health Coverage

- Wishard Advantage
- Health Indiana Plan (HIP)
- Hoosier Healthwise

Health Benefits are critically important to you and your family. A community outreach worker will be on-site at MRNC on Thursdays from 10:00 a.m. – 12:00 p.m. to assist you. There are programs available that may provide free or low-cost coverage to you and your family.

Division of Family Resource Services

- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Child Care Vouchers (CCDF)
- Medicaid

Low-income individuals may qualify for food stamps, and Medicaid. Those individuals with dependent children, may also qualify for childcare and cash assistance.

Earned Income Tax Credit

If you were employed at any time during the last year, you may be eligible for a federal income tax credit to help you keep more of what you've earned.



Emergency Contacts:

1. Contact Name _____

Relationship _____

Phone Number _____

2. Contact Name _____

Relationship _____

Phone Number _____

Present Job:

Employers Name _____

Employers Address, City, & Zip Code _____

Phone # _____ Start Date _____ End Date _____

Position _____

Duties _____

Ending Wage _____ Hours a Week _____ FT _____ PT _____

Medical Benefits _____ Y _____ N _____ Available but not used

Last Job Held:

Employers Name _____

Employers Address, City, & Zip Code _____

Phone # _____ Start Date _____ End Date _____

Position _____

Duties _____

Ending Wage _____ Hours a Week _____ FT _____ PT _____

Medical Benefits _____ Y _____ N _____ Available but not used

Reason for Leaving _____



CONSENT AND CERTIFICATION FOR CRIMINAL HISTORY RECORD CHECK

To the extent permitted by state and local law in the jurisdiction where the Applicant/Employee is placed in employment and where the Applicant/Employee resides, the Applicant/Employee hereby agrees to allow Mary Rigg Neighborhood center to conduct a criminal history record check on him/her.

To the extent permitted by state and local law in the jurisdiction where the Applicant/Employee is placed in employment and where the Applicant/Employee resides, the Applicant/Employee hereby agrees to allow LISC and/or Mary Rigg Neighborhood Center to maintain copies of the criminal history record check on him/her.

Applicant/Employee has the right to be treated fairly and have their privacy respected.

Applicant/Employee will be given the opportunity to challenge the accuracy of information that Mary Rigg Neighborhood Center receives.

Mary Rigg Neighborhood Center agrees that it will maintain any criminal history check information pertaining to V in a secure location under the control of an authorized records custodian of Mary Rigg Neighborhood Center, with access permitted only to individuals who have an official need to review the information.

Applicant/Employee understand that selection for the SIF-funded position or work is contingent upon Mary Rigg Neighborhood Center's review of the criminal history check and there being no results that indicate the Applicant/Employee is subject to registration with the National Sex Offender Registry or has been convicted of murder.

Applicant/Employee certifies that he/she has not been convicted of murder as that term is defined and described in Section 1111 of Title 18, United States Code. This certification is a material representation of fact upon which reliance was placed in Mary Rigg Neighborhood Center's decision to engage in this transaction with Applicant/Employee.

Print Name: _____

Signature: _____

Date: _____

Mary Rigg Neighborhood Center
Client Privacy Policy

Mary Rigg Neighborhood Center (MRNC) staff is committed to delivering professional services with the highest ethical standards. When you request and receive services from this agency, we may collect information about you, your household, and your circumstances. The information we collect from you may be used by MRNC in the following instances:

1. Enrolling you in MRNC programs;
2. Determining whether you are eligible for specific assistance programs (for example, housing or energy assistance);
3. Assisting MRNC in reporting and research data requested by United Way of Central Indiana and certain grant or contract entities (sometimes data is requested for community-wide research purposes to improve overall community services for central Indiana residents);
4. Communicating with specific providers that you request us to communicate with (such as school, or other service provider) about your circumstances so that you will receive comprehensive and effective services; and
5. Sharing of general "combined" data of all the clients we serve, for reporting and research purposes, without disclosing individual client information (for example, 500 individuals served in a single program, but not sharing individual specific information).

It is important to note that we would only share individual information that is required to be disclosed for specific grants, contracts or research reporting purposes, with your informed consent. MRNC staff will track and report data in a professional manner that maintains data integrity to the best of our ability.

Client data may be maintained in a cloud-based environment managed by outside third parties, such as United Way of Central Indiana. If United Way or cloud-based providers notify MRNC of a data breach, MRNC will notify participants. Participants agree to release MRNC from liability and waive any claims which could be made against MRNC related to data breach, including third party data sharing. Clients have the right to inspect their personal information at any time. To ensure privacy and transparency, our staff will only share individual information with your informed consent.

I understand and accept the terms of this Client Privacy Policy:

Yes

No

Consent to Share Individual Information

I give my permission to share personal identifying information for specific grants, contracts or research reporting purposes.

I do not give my permission to share personal identifying information for specific grants, contracts or research reporting purposes.

You may change your consent at any time by giving written notice to Mary Rigg Neighborhood Center staff.

Printed Name of Client

Signature of Client

Date

Parent, Guardian or POA Signature (if applicable)

Date



Consent Form for Research

[insert name of agency] helps participants become more financially secure by assisting them to get and keep jobs, enter and complete training, access public benefits for which they are eligible, and learn how to manage their money. [insert name of agency] is working with Local Initiatives Support Corporation ("LISC") to figure out which kinds of assistance and supports are helpful to participants and which ones are not. The information you provide us during your participation in this program will be compiled with other people's data and shared with LISC to help provide better service to participants.

Your Right to Confidentiality

The information you provide to [insert name of agency], and LISC is completely confidential. In research reports and presentations, your privacy will always be respected and your name or other personal information that might identify you will never be disclosed to the public or sold for commercial purposes.

Benefits and Risks

There are no special benefits or risks to you as an individual if you participate in this research; the information will be used only for learning purposes, so that programs know the kinds of assistance and support that help people become more financially secure. **Participation in this research study is completely voluntary.** If you do not want to participate in the research, you may still continue to receive the same services and supports. Also, if you choose to participate in the research, you may discontinue participation at any time without penalty.

Yes, I have read this form and agree to participate in the research conducted by (insert name of agency) and LISC

No, I have read this form and have decided not to agree to participate in the research conducted by (insert name of agency) and LISC

If you have any questions regarding this research or your rights, please contact:

By: _____

Date: _____



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

*NAME OF APPLICANT (PRINT) _____

*SOCIAL SECURITY: _____

*CURRENT DATE: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

*SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

*Signature of Requestor: _____

Requesting Agency: Mary Rigg Neighborhood Center

Fax Number: 317-639-2782

Phone Number: 317-639-6106

***REQUIRED FIELDS:** For questions email EmployVerification@dwd.IN.gov



City of Indianapolis, IN – CDBG Client Profile Form

1. Client Name: _____
2. Date of Birth: _____
3. Address: _____
4. Phone Number: _____
5. Is Client Under 18 years of Age? Yes No
6. Race (Pick One):
- White
 - Black/African American
 - Asian
 - American Indian/Alaskan Native
 - Native Hawaiian/Other Pacific Islander
 - Asian & White
 - Black/African American & White
 - American Indian/Alaskan Native & White
 - American Indian/Alaskan Native & Black
 - Other Multi - Racial
7. Hispanic Ethnicity Yes No
8. Female Headed Household Yes No
9. Military Veteran Household Yes No
10. Disability Yes No

11. Income Guidelines:

- a. Step 1—Circle the number of persons in your household.
- b. Step 2—Circle your household income range (under the number you already circled in Step 1.)

Number of Persons in Your Household								
2017 AMI Effective 6/13/17	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30%	\$0-14,700	\$0-16,800	\$0-18,900	\$0-20,950	\$0-22,650	\$0-24,350	\$0-26,000	\$0-27,700
31-50%	\$14,701-24,500	\$16,801-28,000	\$18,901-31,500	\$20,951-34,950	\$22,651-37,750	\$24,351-40,550	\$26,001-43,350	\$27,701-46,150
51-80%	\$24,501-39,150	\$28,001-44,750	\$31,501-50,350	\$34,951-55,900	\$37,751-60,400	\$40,551-64,850	\$43,351-69,350	\$46,151-73,800
Over 80%	\$39,150+	\$44,750+	\$50,350+	\$55,900+	\$60,400+	\$64,850+	\$69,350+	\$73,800+

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Indianapolis and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

Client Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____



Credit Release Authorization

To assist Mary Rigg Neighborhood Center (MRNC) in its ability to provide me with coaching services (employment and financial coaching services), I hereby authorize MRNC to pull my TransUnion Credit Report and FICO score now and periodically, but not more frequently than once every six (6) months for a period not to exceed five (5) years from the date of this authorization. I understand that this inquiry into my credit constitutes a "soft inquiry" and will not adversely affect my credit or credit rating. While this credit report and score pulled by the MRNC on my behalf will be used to provide me with financial coaching, it is understood that I can refer to the report but will not receive a copy of this credit report under agreement with the credit bureau.

I understand that I have the right to dispute information with the credit bureau, to request reinvestigation, and to have corrected reports reissued to previous recipients of this credit report, if warranted. I understand that all of my personal information will be held as confidential information by MRNC staff and used only during coaching and as authorized by me. I understand that credit information is sensitive and that I have had the opportunity to ask questions regarding any risks related to accessing credit report information. I further understand that I can revoke this authorization at any time with a written request to MRNC signed by me.

I have read the above information and authorize Mary Rigg Neighborhood Center to pull my credit score and credit report.

Name _____
DOB _____ Male Female
Social Security _____
Address _____ State _____ Zip _____
County of Residence _____ E-mail _____
Home Phone _____ Cell Phone _____
Marital Status (i.e. married, divorced, single, etc.): _____

Race/Ethnicity: White African American Hispanic Asian
 Multi-racial Other _____

Signature _____ Date _____

Printed Name _____



B

There are _____ people in my household including myself

0-3 _____
4-7 _____
8-11 _____

I have a Checking account

Yes _____ No _____

Account balance: _____

I filed a tax return in the last tax season

Yes _____ No _____

In the last year, my utilities have disconnected or in danger of being disconnected

Yes _____ No _____

I currently have an Emergency Fund, 529 Plan, Pension or 401K

Yes _____ No _____

I

I Own _____
Rent _____
Live with friends/relatives _____
Homeless _____

I have a Savings account

Yes _____ No _____

Account balance: _____

I have Health Insurance
Wisard Advantage _____
Hoosier Healthwise _____
Healthy Indiana Plan _____
Private Insurance _____
None _____

In the last year, my car has been repossessed or in danger of being repossessed

Yes _____ No _____

I have unpaid medical debt

Yes _____ No _____

N

Do you have a monthly budget?

Yes _____ No _____

I set aside money for savings on a regular basis

Yes _____ No _____

Within the last year, my wages have been garnished

Yes _____ No _____

I have unpaid collections

Yes _____ No _____

I know how to check my credit report

Yes _____ No _____

G

In the last 3 months, I paid my bills on time

Yes _____ No _____

I have one or more credit cards, and I am current on the payments

Yes _____ No _____

I am in bankruptcy or in the process of filing for bankruptcy

Yes _____ No _____

I have paid late fees in the last 6 months

Yes _____ No _____

I received the earned income tax credit

Yes _____ No _____

O

In the last 3 months, I borrowed from friends and family to buy or pay my basic needs II

Yes _____ No _____

I am in a Debt Management Plan to pay off debt.

Yes _____ No _____

I have been evicted in the last year or have been foreclosed on

Yes _____ No _____

I receive

Food Stamps _____

TANF _____

CCDF _____

N/A _____

I know my credit score

Yes _____ No _____



Name _____

11/21/2018

Date _____

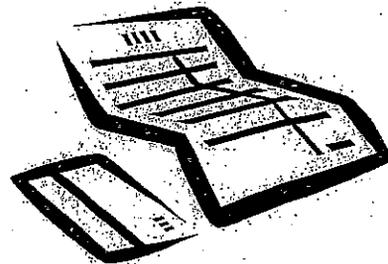
MORNC

Net Worth Sheet

Assets	
Name	Balance/value
Checking account	
Saving Account	
Cash not in acct (on hand)	
Vehicle	
Primary Residence	
Investments	
Other Assets	
Other Assets	



Liabilities (Debts)	
Name	Balance/Value
Mortgage	
Vehicle	
Credit Card(s)	
Student Loan(s)	
Informal Loans(s)	
Unpaid bills (rent, utilities)	
Unpaid medical	
Money owed to bank	
Medical Collections	
Collections	
Back Child Support	
Back Taxes	
Judgments	
Other liabilities	
Other Liabilities	

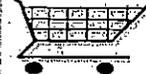


Name _____ Date _____

Money In, Money Out - Basic Monthly Budget

MONEY IN		Pay Date	
	Income		
	Take Home Pay		\$
	Social Security		\$
	Child Support		\$
	Unemployment		\$
	Other (SNAP, Pension)		\$
TOTAL MONEY IN			0

MONEY OUT		Due Date	
	Housing		
	Rent		\$
	Mortgage		\$
	Electric		\$
	Gas		\$
	Water		\$
	Phone - Land Line		\$
	Cell Phone		\$
	Internet / Cable		\$

	Food		
	Groceries		\$
	Eating out		\$

	Transportation		
	Car payments		\$
	Gasoline		\$
	Insurance		\$
	Maintenance		\$
	Bus passes		\$
	Other		\$

	Health Care		
	Insurance		\$
	Expenses		\$

	Child Care		
	Child Support		\$
	After School		\$
	All Day		\$
	Sitter		\$

	Other		
	Student Loans		\$
	Credit Cards		\$
	Recreation		\$
	Other (Loans, Life Ins)		\$

TOTAL MONEY OUT			0
------------------------	--	--	----------

SAVINGS		
	Savings Goal	
	Savings Goal	\$

Name _____ Date _____

Financial Health Baseline Assessment

Check one: Someone read this form to me I completed this on my own

Part 1: How well does this situation describe you or your situation? Please circle the answers

	Not at All	Very Little	Somewhat	Very Well	Completely
1.) I could handle a major unexpected expense.	0	1	2	3	4
2.) I am securing my financial future.	0	1	2	3	4
3.) Because of \$ I'll never have what I want.	0	1	2	3	4
4.) I can enjoy life because how I manage \$.	0	1	2	3	4
5.) I am just getting by financially.	0	1	2	3	4
6.) I'm concerned \$ I have/save won't last.	0	1	2	3	4

Part 2: How often does this statement apply to you? Please Circle the answers

	Always	Often	Sometimes	Rarely	Never
1.) Gift giving would strain monthly finances	0	1	2	3	4
2.) I have money left over at end of month	0	1	2	3	4
3.) I am behind with my finances	0	1	2	3	4
4.) My finances control my life	0	1	2	3	4

Part 3: MCFC Financial Capability Scale

	No	Yes	
1.) Do you have a budget or financial plan?	0	1	
2.) Do you have automatic savings?	0	1	
3.) Was family's expense less than income?	0	1	
4.) Last 2 months, have been charged a late fee?	0	1	
	Not at All Confident	Somewhat Confident	Very Confident
5.) Confidence: ability to achieve financial goal	0	1	2
6.) Confidence: ability to make ends meet during emergency?	0	1	2

Financial Well-Being Score:

Name: _____

Date: _____

YOUTH EMPLOYMENT SERVICE (YES) Program Application

1. Date: _____

PART I- PARTICIPANT BACKGROUND

(Items – must be answered)

2. First Name: _____ Last Name: _____ MI: _____

3. SSN: _____ (###-##-####)

4. Street Address: _____

5. City: _____ 6. State: _____ 7. Zip: _____

8. Home Phone: () _____ 9. Alternate Contact: () _____

10. Birth Date: _____ 11. Gender: _____

12. Race/Ethnicity: _____ 13. Family Size: _____

Employment History

14. Complete Work History as Applicable

From Date (mm/dd/yyyy)	To Date (mm/dd/yyyy)	Employer	Hourly Wage	Job Title & Duties
			\$	
			\$	
			\$	
			\$	
			\$	

Education

15. Currently enrolled in high school: YES / NO

16. Highest grade level completed: _____

17. HS Diplomat Obtained: YES / NO

18. GED Obtained: YES / NO / NA

19. Last school attended (School Name): _____

20. Area of Concentration: _____

PART II- INTERESTS AND SKILL INVENTORY

21. Pre-test level

Name of test given: _____

Level tested: ____ Reading ____ Math

22. Basic Skills Proficiency (Check if tested below 9.0 Grade Level):

____ Not Applicable: Participant does NOT require basic skills remediation

____ Basic Skills Remediation Required for: ____ Reading ____ Math

23. Post Test Level

Name of test given: _____

Level tested: ____ Reading ____ Math

PART III- EMPLOYMENT CHARACTERISTICS

24. Check as many as applicable:

____ Basic Skills Deficient

____ Limited or no English

____ High School Dropout

____ Youth with disabilities

____ Homeless, Runaway, or Foster Youth

____ Offender/Ward of the Court

____ Pregnant/Parenting Youth

____ Other: _____ (Requires additional assistance to complete an education program or to obtain or hold employment)

PART IV- PERSONAL CONTACTS

25. Identify Individuals (e.g., parents, relatives) that can always contact you:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

I certify that all information in this application is true and correct to the best of my knowledge and I authorize the verification of the information I have provided.

Participant Signature: _____ Date: _____

I provide my consent for services to be provided to the YES program participant as they have been discussed and as deemed necessary to support the outcomes identified in the Individual Service Strategy:

Parent/Guardian Signature: _____ Date: _____
(If under 18 years old):

Program Staff Signature: _____ Date: _____



____ Staff Initials

Bridge Program Application

Part I - Introduction

Name: _____ Current Date: _____

Certification Interest of Desired School/Institution (if known): _____

Email Address: _____

Employment History

Please provide your most recent work history from your last 3 employers.

Dates of Employment	Name of Employer	Hourly Wage	Job Title & Description of Job
From: To:			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
From: To:			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
From: To:			<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

PLEASE NOTE: If any portion of this application is left incomplete, it will be pushed to the end of all applications needing review and may disqualify you from participation in the Bridge Program. To avoid penalty, FILL OUT APPLICATION THOROUGHLY.



Employment History Questions

Please explain the job you liked best and why:

Please explain the job you liked least and why:

If Unemployed, please explain reason for unemployment:

Education History

Please indicate your highest level of education received:

If currently enrolled in school, please explain where and why:

If you never completed High School, please explain why:

Skills Inventory

Please list your top 10 skills that would qualify you for the Bridge Program.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PLEASE NOTE: If any portion of this application is left incomplete, it will be pushed to the end of all applications needing review and may disqualify you from participation in the Bridge Program. To avoid penalty, FILL OUT APPLICATION THOROUGHLY.



Questionnaire

Please respond to the questions as you believe best apply to you.

Do you have reliable transportation? Explain:

Three horizontal lines for writing an answer.

Why do you believe making a decision about your career path is currently important to you? Explain:

Three horizontal lines for writing an answer.

Do you believe you should work harder at something you put your own time and money into? Explain:

Three horizontal lines for writing an answer.

Do you believe time management is something you need to work on? Explain:

Three horizontal lines for writing an answer.

How do you react when you know that people have high expectations of you? Explain:

Three horizontal lines for writing an answer.

By signing below, I certify all information is true and correct to the best of my knowledge.

X _____ Date _____

Signature of Person Completing this Form

X _____ Date _____

Signature of Person Reviewing this Form

PLEASE NOTE: If any portion of this application is left incomplete, it will be pushed to the end of all applications needing review and may disqualify you from participation in the Bridge Program. To avoid penalty, FILL OUT APPLICATION THOROUGHLY.



Bridge Program Short Answer Essay Questions and Professional Interview

Part II – Short Answer Essay Questions

Please respond to **ALL** questions appropriately. This should be done in essay format and each response should be about 5 sentences. **All responses should be typed in a separate document unless otherwise approved by staff.** Be sure to check your responses for correct grammar and punctuation before submitting your final paper. Your answers will be evaluated and used to determine your admission to the Bridge Program.

1. How did you hear about the Bridge Program at Mary Rigg Neighborhood Center and why do you want to be a part of it?
2. What skills do you have that you believe would make you a good candidate for the Bridge Program?
3. What does commitment mean to you and why is it important?
4. What do you think a person in your chosen career field does on a typical day at work?
5. How do you plan to gain and maintain employment in your chosen career field? Please include what type of resources you plan to use when seeking and maintaining employment.
6. What are some short and long-term goals you have and how will admission to the Bridge Program help you achieve them?
7. Do you believe your attitude is something that can change around certain people and in certain situations?

____ Staff Initials if essay responses **DO NOT** have to be typed

PLEASE NOTE: If any portion of this application is left incomplete, it will be pushed to the end of all applications needing review and may disqualify you from participation in the Bridge Program. To avoid penalty, **FILL OUT APPLICATION THOROUGHLY.**



Bridge Program Professional Interview

Part III - Interview

Name of Person Being Interviewed: _____

Signature of Person Being Interviewed: _____

Employer: _____ Job Title: _____

Contact Number: _____

Question 1: What does a typical day at work look like for you? Explain:

Question 2: How did you know you wanted this job? Explain:

Question 3: What is your favorite part about your job? Explain:

Question 4: What is the most challenging part of your job and how do you cope? Explain:

PLEASE NOTE: If any portion of this application is left incomplete, it will be pushed to the end of all applications needing review and may disqualify you from participation in the Bridge Program. To avoid penalty, FILL OUT APPLICATION THOROUGHLY.



Question 5: What kind of education and training did you get to obtain this job? Explain:

Question 6: What advice would you give to someone pursuing a job in this field? Explain:

Question 7: What is something you didn't expect to do that you now do daily? Explain:

PLEASE NOTE: If any portion of this application is left incomplete, it will be pushed to the end of all applications needing review and may disqualify you from participation in the Bridge Program. To avoid penalty, **FILL OUT APPLICATION THOROUGHLY.**

Enrollment Application Checklist

- Complete paperwork (included in the folder)
- Photo ID
- Social Security Card
- Birth Certificate
- Address Verification
- Income Verification
 - EXAMPLES: pay stubs, food stamps, or support
- Education Verification
- ITN Card (if applicable)