



## 2019 TACC Application

### Contact Information

Legal Name: _____	Preferred Name: _____	
Primary Phone: _____	Secondary Phone: _____	
Address: _____	Apt: _____	
City: _____	State: _____	Zip: _____
Email Address: _____	Pronoun (She, he, they, etc.) _____	

### Personal Data (This information will not affect your eligibility for the program)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender identity: \_\_\_\_\_

Legal to Work in US:  Yes  No

SSN: \_\_\_\_\_

Reg. for Selective Services, (if applicable):  Yes  No

Are you a Veteran?  Yes  No If yes, dates of service: \_\_\_\_\_

Are you a spouse of a Veteran?  Yes  No If yes, dates of service: \_\_\_\_\_

Do you have a legal history?  Yes  No

### Race/Ethnicity (Check all that apply):

Latinx/Hispanic  Black or African American  White/Caucasian  Asian

Native Hawaiian or Pacific Islander  American Indian or Alaska Native

Two or more races  Other: \_\_\_\_\_

### Household Information

Do you have children under the age of 18?  Yes  No

How many? \_\_\_\_\_

Are you a single parent?  Yes  No



**Education**

Have you completed high school and/or passed the GED exam?  Yes  No

Highest level of math completed:  HS Geometry  HS Algebra  Trig  College Algebra

Have you attended college?  Yes  No

Degrees earned:  Associates Degree  Bachelor's Degree  Master's Degree  PhD  
 Trade school certificate

**Previous TACC Enrollment**

Have you been previously enrolled in Oregon Tradeswomen's pre-apprenticeship program?

Yes  No

If yes, when? \_\_\_\_\_

Why did you exit the program? \_\_\_\_\_

What has changed since your exit from the program? \_\_\_\_\_

\_\_\_\_\_

**Apprenticeship Application Status**

Are you currently an apprentice in a skilled trade but seeking to change your craft?  Yes  No

If so, which program are you currently in? \_\_\_\_\_

Which one are you hoping to change to? \_\_\_\_\_

Have you applied for an apprenticeship program in the past and were not accepted?  Yes  No

If so, which one? \_\_\_\_\_ Can you share the reason? \_\_\_\_\_

Are you currently on an applicant pool to be hired/accepted/indentured?  Yes  No

Which one? \_\_\_\_\_

**Employment**

Are you currently employed?  Yes  No Have you been employed in the last year?  Yes  No

Current or most recent employer: \_\_\_\_\_

Full-time  Part-time  Temporary  Other: \_\_\_\_\_

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

Wage: \_\_\_\_\_



**Income (Please do not leave blank)**

How many people live in your family household (do not include non-family roommates)? \_\_\_\_\_

# of adults: \_\_\_\_\_ # of dependents: \_\_\_\_\_

Are you the head of household?  Yes  No

Are you claimed as a dependent on someone else's taxes?  Yes  No

Annual **personal (you)** income: \_\_\_\_\_ Annual **family** income: \_\_\_\_\_

Do you (or someone in your household if you are a dependent) receive any supplemental income?

TANF  SNAP  SSI  SSDI  VA Benefits  Unemployment

Housing Assistance  Retirement  WIC  Other: \_\_\_\_\_

**Transportation**

Do you have a valid Driver's License:  Yes  No

Do you have a vehicle:  Yes  No

If you do not have a Driver's License, what do you need to do to get one?

Take Drivers Test  Pay Fines  Drivers Education  Other: \_\_\_\_\_

**Living Situation**

Renting  Own/Family owns residence  Transitional housing  Houseless

Shelter  Staying with friends or family  Other: \_\_\_\_\_

**Health Information**

Do you have health care coverage:  Yes  No

If no, would you be interested in learning how to sign up?  Yes  No



**Trades Interest/Related Experience**

Are you interested in pursuing a skilled trades career:  Yes  No

Why? \_\_\_\_\_

Do you have any formal or informal skilled trades experience:  Yes  No

If yes, please describe (for example: landscaping, at home building projects, wood or metal shop in high school, sewing, changed oil in car):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

How did you hear about Oregon Tradeswomen’s Trades and Apprenticeship Career Class?

Friend  Apprenticeship program  Social media, please indicate: \_\_\_\_\_

WorkSource  Employer  Event (name) \_\_\_\_\_

Community Partner: \_\_\_\_\_  Other: \_\_\_\_\_

**Acknowledgement of Services**

Please initial the comments below, sign, and date this form.

\_\_\_\_\_ I certify that the information on this pre-enrollment form is true and correct to the best of my knowledge.

\_\_\_\_\_ I understand that my personal information will not be provided to any outside person or agency except where needed to determine eligibility for related programs or grant reporting purposes.

Information provided on this form will not affect any benefits I am already receiving from other agencies while enrolled in Oregon Tradeswomen’s Trades and Apprenticeship Career Class.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_