



Application And Agreement For Gap Garage Auto Tech Training Program

PERSONAL INFORMATION

First Name	Middle Initial	Last Name
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Current Street Address	City	State	Zip Code	Last 5 of Social
<input type="checkbox"/> cell <input type="checkbox"/> home		<input type="checkbox"/> male <input type="checkbox"/> female		

Phone Number	Email	Gender (check one)	Date of Birth (mm/dd/yyyy)
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own rent staying with family/friend transitional shelter other

Housing Status (check one)

(if other please explain)

**In order to participate in the GAP Auto Tech Program, you must have stable housing with access to running water and restroom facilities. If accepted, you will need to verify that you have secured stable housing for the duration of the program.*

Shirt Size: Small Medium Large X-Large

EMERGENCY CONTACT INFORMATION

Name	Relationship to you
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Phone Number	Email
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EMPLOYMENT HISTORY **Please provide complete information on your last three jobs, starting with the most recent. (Note: Auto experience is not a requirement for admission to the GAP Auto Tech Program)*

Employer (Company Name)	Job Title
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Name of Supervisor	Supervisor's Phone Number
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Duties/Responsibilities

Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy) Reason For Leaving

EMPLOYMENT HISTORY CONT.

Employer (Company Name) Job Title

Name of Supervisor Supervisor's Phone Number

Duties/Responsibilities

Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy) Reason For Leaving

Employer (Company Name) Job Title

Name of Supervisor Supervisor's Phone Number

Duties/Responsibilities

Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy) Reason For Leaving

EDUCATION

Last Grade Completed (#) Other Special Training or Certification

Other Special Training or Certification (cont.)

High School Graduate Studying for GED Complete College Graduate None of the Above
Highest Level of Education Achievement (check one)

Other Special Training or Certifications

Do you have any prior automotive experience (e.g employment, volunteer) or education? Yes No

If yes, please describe

ADDITIONAL INFORMATION

Have you applied to or been enrolled in this program before? Yes No

How did you hear about the GAP Garage Auto Tech program?

References

*Please list 2 references who are not relatives or previous supervisors. Should be individuals who have known you for 1 year or more

Name Relationship to you

Phone Number How long have you known them

Name Relationship to you

Phone Number How long have you known them

Name Relationship to you

Phone Number How long have you known them

BACKGROUND INFORMATION

Are you a Veteran? (Check One) Yes No

Have you ever been convicted of a felony? (Check One) Yes No

If yes, please explain:

Do you have a parole or probation officer? Circle One) Yes No

If "yes", please provide: Parole Officer Name

Phone Number

HOUSEHOLD, TRANSPORTATION AND LIVING SITUATION

Please indicate the ethnicity with which you identify (Check One)

- Caucasian or White African American or Black Hispanic or Latino
- American Indian or Native American Asian Other Prefer not to answer

Do you have a secure place to live for the next three months while in the program Yes No

If "NO" What is your plan to secure housing during the program?

Are you the head of your household? (Check One) Yes No Number of people in Household

How many children do you have? What are the ages of the children?

If selected for the Auto Tech Training Program, will you be able to accommodate stable childcare during the 10 week program? (Check One) Yes No

Please indicate your intended source of transportation

SOCIAL SERVICES INFORMATION & INCOME DISCLOSURE

Do you have a case worker/Manager? Yes No

Case worker name	Agency Name	Phone #	Email
Does your Case Worker/Case Manager know you are applying for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your household currently have a source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your monthly household income? \$ _____			

Please check all of your source(s) of income

- Employment Unemployment Social Security Disability Family Support
- Other _____

Check all following benefits or services you currently receive and amount you receive per month

- Food Stamps, if checked, how much per month? \$ _____
- Medicaid/AHCCCS, if checked, how much per month? \$ _____
- SSI, if checked, how much per month? \$ _____
- Cash Assistance, if checked, how much per month? _____
- Unemployment Benefits, if checked, how much per month? _____
- Other _____, if checked, how much per month? _____

Please Check and service(s) that you need help with:

- Medical Care Dental Health Food Programs Housing/Utilities Pregnancy Services
- Substance Abuse Treatment Mental or Behavioral Health Domestic Violence Services
- Personal/Family Counseling Clothing

MEDICAL HISTORY AND INFORMATION

Do you have any regular ongoing appointments?

(e.g. Doctor, Probation Officer, Parole Officer, Counseling, Therapy, Classes)

Yes No

If Yes, Please explain _____

Do you have any medical conditions that make certain work or physical activities difficult for you?

Yes No

If Yes, Please explain _____

Do you suffer from or have you previously been diagnosed with depression, anxiety, or any behavioral or mental conditions? (Check One) Yes No

Do you take any medications that may cause you to experience side effects, such as drowsiness, impaired motor skills, or impaired judgment? (Check One) Yes No

Are you currently or have ever been involved in any type of drug or alcohol rehabilitation? (Check One) Yes No

If Yes, Which program? _____

TRAINING REQUIREMENTS

Listed below are some program requirements. Please review and initial that you agree to these requirements

_____ I understand that daily attendance is from 9:00 A.M. to 5:00 P.M. and is required.

_____ I understand that I must be on time and prepared to stay the entire day.

_____ I understand that I must be willing to accept instruction from my instructors and complete the tasks that are assigned to me with a positive attitude

_____ I understand that I must be clean and sober for at least 90 days.

_____ I understand that GAP Ministries is not responsible for damage, loss, or theft of my personal property.

_____ I understand that I must have attire that is sustainable for a working shop environment.

ELIGIBILITY REQUIREMENTS

Do you have a legal right to be employed in the US? (check one) Yes No

All instruction and communication for this program is conducted in English. If selected, are you able to read, write and communicate in English proficiently? (check one) Yes No

Auto Shop duties include but are not limited to:

- **Standing for a long periods of time**
- **Ability to bend and lift up to 50lbs**
- **Ability to tolerate a physically demanding job**

ELIGIBILITY REQUIREMENTS CONT.

Are you able to regularly perform required garage duties as assigned for an 8 hour day?

Yes No

The Gap Auto Tech Program is 10 weeks long and requires attendance from 9:00AM to 5:00PM, Monday through Friday. Are you able to adhere to this schedule for the duration of the program?

Yes No

Have you been drug free and sober for 180 days or longer?

Yes No

Can you successfully pass a drug test and remain drug free and sober for the duration of the 10-week Auto Tech Program?

Yes No

Is your household currently low-income per Federal Poverty Guidelines?

Yes No

Are you currently unemployed?

Yes No

Please write a 3-5 sentence paragraph explaining why you are interested in this program.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment in the program, I understand that false or misleading information in my application or during my interview may result in my release from the program.

I understand that if I am accepted into the program, I will not be paid wages for work, but will receive the benefit of Auto Tech training, job and life skills classes, and job placement assistance.

I understand that GAP Garage has a drug and alcohol policy that provides for random and casual testing before and/or during the program. I consent to and am in compliance with such policy at the time of my enrollment. My continued enrollment is based on the successful passing of testing under such policy.

I have read the training and eligibility requirements and agree:

_____ I Agree

_____ I do NOT Agree

X
Signature

Date