

**ENVIRONMENTAL CAREER WORKER
TRAINING PROGRAM**

EMAIL APPLICATION TO:
BERTINA.CARTER@TSU.EDU or PAULETTE.LYNCH@TSU.EDU

Last Name _____ First Name _____ Middle Name _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Mailing Address if Different _____

Home Phone Number _____ Mobile Phone Number _____ Email Address _____

Date of Birth _____ Social Security Number _____ TX Driver's License /ID Number _____

Sex: Male _____ Female _____ Are you a U.S. citizen? Yes _____ No _____

Ethnic Group: White _____ African American _____ Caribbean-American _____ Latino/Hispanic _____ American Indian _____
Asian _____ Other _____

Are you a U.S. veteran? Yes _____ No _____ Did you receive an honorable discharge? Yes _____ No _____

How did you hear about this program? Newspaper _____ Radio _____ Referral _____ Other _____

If you were referred, who referred you? _____

Have you registered for Selective Services? Yes _____ No _____

Section 2: Availability

Are you available to begin training immediately? Yes _____ No _____ If not, when will you be available? _____

Are you able to arrive at least by 7:45 a.m. each day? Yes _____ No _____

Do you have transportation? Car _____ Public Transportation _____

Can you commit to this program for collective 12 weeks? Yes _____ No _____

Section 3: Family and Income Information

Are you head of your household? Yes _____ No _____ Marital Status? Married _____ Single _____ Divorced _____

Are you receiving Public Assistance? Yes _____ No _____ Public Housing? Yes _____ No _____

How many children/dependents do you have? _____

What was your individual income last year? Less than \$10,000 _____ \$10,000 to \$25,000 _____ Over \$25,000 _____

How many months were you unemployed during the last six months? 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Section 4: Health Questions

This program trains workers who will be wearing respirators (face masks) and heavy, enclosed clothing (similar to "space suits" worn by astronauts). There are legal requirements that include NO BEARDS. Do you think this would pose a problem for you? Yes _____ No _____

Do you think you are able to wear a face mask? Yes _____ No _____ Space Suit? Yes _____ No _____

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What is your general health condition? Excellent _____ Good _____ Fair _____ Poor _____

Do you have any health problems or disabilities? _____

When did you last visit a doctor? _____ \ _____ \ _____ What, if any, medications do you take? _____

Do you exercise regularly? Yes _____ No _____ Do you smoke? Yes _____ No _____

Section 5: Conviction Record

Criminal record may not disqualify you for consideration in this program. However, it may restrict you from certain types of employment.

Do you have a criminal conviction record? Yes _____ No _____ Felony _____ Misdemeanor _____

Please explain: _____

Have you or you currently on parole or probation? Please explain: _____

If yes, provide contact information for case worker and/or parole officer.

Name _____ Tele # _____ Address _____

Name _____ Tele # _____ Address _____

Section 6: Education Background

What high school did you attend? _____

School Address: _____

Did you graduate from high school? Yes _____ No _____ Highest level completed: _____

Do you have a GED? Yes _____ No _____ If yes, when did you receive it? _____

What were your favorite subjects in school? _____

Have you been in any other schools or training programs since high school? Yes _____ No _____

If so, please list the names, addresses, types of programs, years attended, and reasons for leaving.

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Do you have any experience using special equipment? Yes _____ No _____ Tools? Yes _____ No _____

Please explain:

Do you have any current Certifications or Licenses? TWIC _____ CDL _____ FORKLIFT _____ NCUR _____ Other _____

Section 7: Employment Background

Please tell us about your work history, starting with your most recent employment. Include work you have been paid for and work you have done as a volunteer.

Current or most recent employer: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title or description: _____

Wages per hour: _____ Hours per week: _____

Date started: _____ Date ended: _____ May we contact this employer? Yes _____ No _____

Previous employer: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title or description: _____

Wages per hour: _____ Hours per week: _____

Date started: _____ Date ended: _____ May we contact this employer? Yes _____ No _____

Previous employer: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title or description: _____

Wages per hour: _____ Hours per week: _____

Date started: _____ Date ended: _____ May we contact this employer? Yes _____ No _____

Section 8: Certification

I, the undersigned, affirm that the information I have given on this application is true to the best of my knowledge.

A copy of your social security card, driver's license, or state ID must be provided before acceptance into the training program.

Signature:

Date: