

**Date of Training Session**

September: 11, 18, 25, and October 1, 2022

**Workforce Development: Slam Dunk Into A Career  
Registration Form**

*Please and Print and fill out the form completely*

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

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Address:** \_\_\_\_\_  
Apt. Number

\_\_\_\_\_  
City State Zip code

**Contact Number:** ( ) \_\_\_\_\_ **Emergency:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Demographic Information**

**Gender:**  Male  Female  Other \_\_\_\_\_

**Birthdate:** \_\_\_\_\_  
Month XX day XX Year XXXX

**Race:**  
 Black/African American  White/Caucasian  Latina/Latino  American Indian  
 Alaska native  Asian  Native Hawaiian or Pacific Islander  Multiple Race  Other

**Ethnicity:**  
 Hispanic  Non-Hispanic

**Highest Level of Education:**  
 High School  GED  Associates  Bachelors  
 Masters  PhD  None

**Income Information:**

Household Size	30% AMI	60% AMI	80% AMI
1/One	\$17,800	\$35,580	\$47,450
2/Two	\$20,350	\$46,680	\$54,200
3/Three	\$22,900	\$45,780	\$61,000
4/Four	\$25,400	\$50,820	\$67,750
5/Five	\$27,450	\$54,900	\$73,200
6/Six	\$29,500	\$58,980	\$78,600
7/Seven	\$31,500	\$63,060	\$84,050
8/Eight	\$33,550	\$67,140	\$89,450

**Workforce Development**

**Dietary Restrictions** (Check all that apply):

None Vegan  Heart Health  Dairy  Low sugar Food Allergy: \_\_\_\_\_

**Purpose for taking the workshop** (Check all that apply):

- Need Job Search and Job Skills to obtain a job
- Need Assistance with Resume and Interviewing
- Re-entry into the Workforce with Barriers (Ex-offenders, retired, over 50+)
- Promotion or Advancement at current job
- Unemployed/Displaced Worker
- Career Change
- Unhappy at current job
- Other \_\_\_\_\_

**Career Pathway Interest**

- Administration  Business  Clerical  Childcare Education  Entrepreneurship  Food Service
- Healthcare: Patient Care  Healthcare: Clerical  Hospitality  Information Technology  Call Center
- Leadership/Management  Manufacturing  Skilled Labor  Transportation
- Warehouse

**Statement of Understanding**

These statements are provided to establish an understanding of the Employability Management Workshop, its services, and its purpose to the applicant. These statements are clear and applicable to all Employability Management program applicants. Applicant Initials: Certifies that you have read and

understand these statements Staff Initials: Certifies that you have reviewed each statement and answered any questions of the applicant. Empower Hope Center Workforce Development Services **cannot** guarantee employment or is an employment agency, but the Employability Management workshop is a program that aids the applicant in obtaining suitable employment through the following core services:

1. Overcoming Barriers to Employment Success: through education and resources in Personal, Financial, Emotional, Physical, Career Decision-Making and Planning, Education and Training Barriers.

Applicant \_\_\_\_\_ Staff \_\_\_\_\_

2. Job Search Knowledge: through identifying and understanding Strengths and Skills Assessments, Labor Market Information, Defining Your Target Job, Job Search Techniques, and Networking to Find "Hidden Jobs.

Applicant \_\_\_\_\_ Staff \_\_\_\_\_

3. Employability Management: Knowing techniques of how to Get Noticed with Your Resume, Cover Letter and Professional ID card, Job Interview Success, Good Answers to Tough Interview Questions, and registering on Indeed.com and creating a LinkedIn Profile.

Applicant \_\_\_\_\_ Staff \_\_\_\_\_

**Terms and Condition**

**This is a Grant Funded Program**

Acknowledgement of Applicant Initials means that you hereby affirm that the information provided on this application is true and complete to the best of my knowledge. You also agree that falsified information or significant omissions may disqualify me from further consideration or participating in other Empower Hope Center’s program activities. Finally, I recognize that an application and eligibility determination are initial steps and do not guarantee program acceptance. If you agree to the terms and conditions outlined for participation, please sign and date below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EHC Staff Signature

\_\_\_\_\_  
Date