



T-Shirt Size: Circle one S M L XL Other \_\_\_\_\_

## E-TEAM MACHINIST JOB TRAINING PROGRAM

### Candidate Application Form Updated 8-31-09

Please complete this entire form. This information is for the use of the E-TEAM Machinist Job Training Program only and will not be released to any other agency without your consent. It is needed to determine your qualifications and help us understand your needs. **PLEASE PRINT CLEARLY!**

Name: \_\_\_\_\_ (Please Print). Date: \_\_\_\_\_

Social Security Number: _____	Sex: M. ___ F. ___
Date of Birth: Month _____ Day _____ Year _____	
Home Address:	
Number and Street _____ Apt.# _____ City _____ State _____ Zip _____	
Mailing Address if different from Home Address: _____	

Home Phone (     )	Cell Phone (     )	Work Phone (     )
Email Address: _____		

Emergency Phone Contact: Name _____
Relationship: _____ h.(     ) _____ w.(     ) _____

<b>Population Diversity - Check One</b> White (not Hispanic) ___ Black (Not Hispanic) ___ Hispanic ___ Asian or Pacific Islander ___ Native American Indian or Alaskan Native ___ Other - Please explain _____	<b>Citizenship - Check One</b> U.S. Citizen ___ Refugee ___ Permanent Resident (1-511) ___ Other Non-Citizen ___
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Family/Living Situation/Status – how many wage earning adults live in your household, besides yourself? 1 2 3 4 (circle appropriate number or write in correct number.)
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P2. Candidate Name: (Print your name here) \_\_\_\_\_

**Educational Status:** Indicate your highest level of achievement:

\_\_\_\_\_ College -Indicate # of semesters attended or degree received \_\_\_semesters\_\_\_degree.

Please provide name of college attended and the number of years attended: \_\_\_\_\_

\_\_\_\_\_ High School Graduate yes\_\_\_no\_\_\_\_\_ (circle one)

If you answered no, what is the highest Grade you completed? \_\_\_\_\_

\_\_\_\_\_ Do you have a General Equivalency Diploma (GED)? yes\_\_\_no\_\_\_\_\_.

If you were not born in the United States, what is your country of origin? \_\_\_\_\_

How many years of school did you have in your country of origin? \_\_\_\_\_

**Financial Information:**

Are you receiving any kind of public financial support?

AFDC, SSI, Workmen's compensation, food stamps, Unemployment Insurance, other - Yes\_\_\_No\_\_\_ If yes, please name the supporting agency/program: \_\_\_\_\_

Are you currently employed? Full time yes\_\_\_no\_\_\_ Part time yes\_\_\_no\_\_\_ Hours of employment \_\_\_\_\_

**SKILLS TRAINING:**

1. Have you ever been supported in a training program through your local employment center - Yes No

2. Have you attended any vocational training? Yes\_\_\_No\_\_\_? If yes, describe \_\_\_\_\_

Did you complete this program? Yes\_\_\_No\_\_\_ Year \_\_\_\_\_.

Did you take a job in this field? Yes\_\_\_No\_\_\_

Are you still working in that field? Yes\_\_\_No\_\_\_

Please explain why you want to change fields now? \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Are you currently employed? yes\_\_\_no\_\_\_ If yes, please provide the following info:

Name of Company \_\_\_\_\_ tel.# \_\_\_\_\_

Address/City or Town & State: \_\_\_\_\_

Employed since \_\_\_\_\_ (please provide starting date, approx.)

Employment Commitment:

# of days/week

# of hours/day \_\_\_\_\_

from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

Hourly wage: \_\_\_\_\_

Type of work - (Please describe). \_\_\_\_\_  
 What skills are required for this job? \_\_\_\_\_  
 What advancement opportunities are there in this job? \_\_\_\_\_  
 What type of skills and/or further education would help you advance in this job? \_\_\_\_\_

If you are currently unemployed, please provide the following information:

How long have you been unemployed? \_\_\_\_\_  
 Are you receiving unemployment insurance? Yes \_\_\_ No \_\_\_  
 If yes, what is the location of your Career Center? \_\_\_\_\_ (city or town)  
 Name of last employer/company \_\_\_\_\_ tel.# \_\_\_\_\_  
 Location: (City/State) \_\_\_\_\_  
 Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_ . (approx.) Hourly wage: \_\_\_\_\_.  
 Type of Work (Please describe) \_\_\_\_\_  
 Reason for leaving: (Please describe.) \_\_\_\_\_

**Affiliations:**

1. Are you either an IUE (International Union of Electricians) Local 201\* member or close relative/friend of an IUE member or a member of any affiliate organization to IUE? Yes \_\_\_ no \_\_\_.
2. If you claim a connection to an IUE member, please identify that person and explain your connection \_\_\_\_\_
3. Do you have a connection to any other E-TEAM sponsor(s) through religious worship, work, or through family or friends – 1. ECCO or any one of its member churches, 2. BTMA (Boston Tooling and Machining Association), any member company (please provide company name \_\_\_\_\_), 3 GBMP (Greater Boston Manufacturing Partnership), or 4., GE Aircraft Engines. (Circle one or more – describe your connection in the space below) 5. Lynn Vocation Technical Institute.

**If you plan to proceed through the E-TEAM application process, please fill in the form below.**

*Yes, I plan to proceed through the E-TEAM application process. Please call me with the next steps.*

**Please Print:**

**Name:** \_\_\_\_\_  
**Address:**  
**Street & #** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State** \_\_\_\_\_  
**Zip code** \_\_\_\_\_  
**Home Tel. #:** \_\_\_\_\_  
**Work Tel. #** \_\_\_\_\_  
**Cell phone #** \_\_\_\_\_  
**Check one of the following:**  
 I do have an answering machine \_\_\_\_\_  
 I do not have an answering machine \_\_\_\_\_

**The candidate is responsible for calling in any changes to his/her address or telephone numbers so that they can be reached to participate in the next step – Skills Assessment.**