



Fast Lane To Technology Training Application: SNAP Grant

Instructions: Please answer all of the questions on the 4-page application. You must submit the following with your application:

1. Copy of a valid photo I.D.
2. Copy of your SNAP case comprehensive, case makeup sheet or SF12 report (which can be provided by your case worker). Please note that the **budget sheet will NOT** be accepted as proof that you are receiving SNAP

Applicant Information

Last Name _____ First Name _____ M.I. _____ Date _____

Street Address _____ Apartment/Unit # _____

City _____ State/Zip _____ Phone _____

Mailing Address *(if different than above)* _____

City _____ State/Zip _____ Phone _____

Cell Phone _____ E-Mail Address _____

How did you learn of this job training program? _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Do you have a valid New York driver's license? Yes No If yes, license # _____

Do you have access to a car? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain _____

Emergency Contact (Please list a permanent contact who will always know where you can be reached)

Contact _____ Relationship _____

Address _____ City/State/Zip _____ Phone _____

Note: There is no job guaranteed at the end of this training. However, you will gain skills that help increase marketability.

Education

1. High School Diploma Yes No If yes, school location (City, State) _____
If no, highest grade achieved in high school _____
2. GED Yes No If yes, school name & location (City, State) _____
3. Attended college/technical training Yes No Name _____
Did you graduate? Yes No If yes, degree/certification _____

References Please list two professional references:

1. Full Name _____ Relationship _____
Company _____ Phone () _____
Address _____
2. Full Name _____ Relationship _____
Company _____ Phone () _____
Address _____

Employment Status

Are you currently employed? Yes No If no, how long have you been unemployed? _____

Are you currently underemployed (work less than 20 hrs./week)? Yes No

Employer Name/address: _____

Medical Info

Are you able to carry/lift 25 pounds? Yes No

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

Note: There is no job guaranteed at the end of this training. However, you will gain skills that help increase marketability.

Employment Information

If you have worked anytime during the past 5 years, please tell us about your work history. Start from your most recent employment. Include work you have been paid for and work you have done as a volunteer.

1. Most Recent

Employer Name _____ Supervisor Name _____

Address _____

Job Title or Description _____

Wages per hour _____ Hours per week _____

Dates of Employment _____

2. Previous Employer

Employer Name _____ Supervisor Name _____

Address _____

Job Title or Description _____

Wages per hour _____ Hours per week _____

Dates of Employment _____

3. Previous Employer

Employer Name _____ Supervisor Name _____

Address _____

Job Title or Description _____

Wages per hour _____ Hours per week _____

Dates of Employment _____

Note: There is no job guaranteed at the end of this training. However, you will gain skills that help increase marketability.



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance in the training program, I understand that any false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

Instructions for submitting the application:

1. Please submit a copy of a valid photo I.D. (example: NYS Drivers License) with your application along with a copy of your case comprehensive, case makeup sheet or SF12 report.
2. Applications can be dropped off at the following locations or submitted via email or fax:

Mohawk Valley Community College
 The Center for Corporate and Community Education
 Academic Building 154
 1101 Sherman Drive
 Utica, NY 13501

Educational Opportunity Center
 524 Elizabeth Street
 Utica, NY 13501

Mohawk Valley Community College
 Rome Campus
 Student Services Office
 Plumley Complex A30
 1101 Sherman Drive
 Rome, NY 13501

Email: ccedreg@mvcc.edu

Fax: 315-792-5682

EQUAL OPPORTUNITY DATA:

Race:	Age:	Educational Level:
<input type="checkbox"/> White	<input type="checkbox"/> 18-21	<input type="checkbox"/> 8 th Grade or less
<input type="checkbox"/> Black	<input type="checkbox"/> 22-35	<input type="checkbox"/> Some High School
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 36-45	<input type="checkbox"/> High School Diploma or GED
<input type="checkbox"/> American Indian/Native American	<input type="checkbox"/> 46-55	<input type="checkbox"/> Some College
<input type="checkbox"/> Hawaiian/Other Pacific Islander	<input type="checkbox"/> 56+	<input type="checkbox"/> 2 Year College
<input type="checkbox"/> Other		<input type="checkbox"/> 4 Year College
		<input type="checkbox"/> Some Graduate School
		<input type="checkbox"/> Graduate Degree

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