

INTAKE FORM

INDIVIDUAL CONTACT INFORMATION

First Name:	Middle Name:	Last Name:
Street Address:	City:	State: Zip:
Telephone Number (Home):	Telephone Number (Mobile): <input type="checkbox"/> Permission to contact via text message	Email Address:
Alternate Telephone Number:	Alternate Contact Name:	Alternate Contact Email Address:

PRE-APPRENTICESHIP TRAINING & REGISTERED APPRENTICESHIP TRAINING

Indicate whether individual will be participating in Pre-Apprenticeship Training:

- Yes, through the Arkansas Apprenticeship Coalition (AAC)
- Yes, through National Park College (NPC)
- Yes, Please specify training provider:

Educational Attainment (Specify the highest level attained):

- High School Graduate or Equivalent
- 1-4 Years or more of college or apprenticeship
- Associate Diploma or Degree
- Bachelor's Degree Beyond Bachelors
- Advanced Degree Beyond Bachelors

TRAINING INTERESTS

Indicate your Registered Apprenticeship Training Interests:

- Software Architect (AAC) Pharmacy Technician (NPC) Mechatronics (ASUMH)
- Manufacturing Welding (ASUN & SACC) Industrial Coatings & Lining Applicator Specialist (AAC) Instrumentation Calibration Technician (AAC)
- Other training, please specify: _____

EMPLOYMENT STATUS & HISTORY

What is your employment status?

(AT THE TIME OF PARTICIPATION OF PROGRAM)

- Employed Full-Time Employed Part-Time (Less than 40 hours a week) Unemployed Underemployed
- Long-term unemployed (unemployed for 27 weeks or longer) Employed, but received notice of termination or military separation

PREVIOUS EMPLOYMENT:

Employer (Most Recent):	Occupation:	Occupational Code: (IF Available)
City: State:	Hourly Wage: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/> Commission <input type="checkbox"/> Other	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other _____
From (mo/day/yr): To (mo/day/yr):		
Supervisor/Contact Name & Title:	Supervisor/Contact Telephone:	Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Employer:	Occupation:	Occupational Code: (IF Available)
City: State:	Hourly Wage: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/> Commission <input type="checkbox"/> Other	Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other _____
From (mo/day/yr): To (mo/day/yr):		
Supervisor/Contact Name & Title:	Supervisor/Contact Telephone:	Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary

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Arkansas Apprenticeship Pathway Initiative (AAPI)

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Are you a single, separated, divorced, or widowed individual with primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number in family: <i>(counting self)</i>
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EMPLOYMENT STATUS, WORKER STATUS, CITIZENSHIP, ETC.

Do you have a valid AR driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Endorsement _____	Select your interstate worker status: <input type="checkbox"/> Live in another state but looking for work in AR <input type="checkbox"/> Live in AR but looking for work in another state <input type="checkbox"/> Live in AR and looking for work in AR <input type="checkbox"/> Live in AR and looking for work in AR and other states <input type="checkbox"/> Live in another state and looking for work in another state	State Unemployment Insurance: <input type="checkbox"/> State claimant <input type="checkbox"/> Federal or military claimant <input type="checkbox"/> Extended benefits claimant <input type="checkbox"/> TRA claimant <input type="checkbox"/> Exhausted UI benefits <input type="checkbox"/> Not a claimant
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Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Have you served on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes, 180 days or less <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> No If Yes, answer <u>VETERAN</u> questions, in Next section.	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-citizen not eligible to work in U.S. <input type="checkbox"/> Non-Citizen eligible to work in U.S. Alien Cert Number: _____ INS Form Number: _____
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If you answered that you are a VETERAN, please answer the questions in this section:

Select your branch of service: <input type="checkbox"/> U.S. Air Force <input type="checkbox"/> U.S. Army <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> U.S. Marine <input type="checkbox"/> U.S. Navy	Active Duty Start Date: _____ Active Duty End Date: _____ Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other <input type="checkbox"/> Dishonorable Are you a participant in the Transition Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you within 12 months of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you within 24 months of retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran Type: <input type="checkbox"/> Veteran <input type="checkbox"/> Campaign
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Are you entitled to compensation for a disability incurred while on active military duty? Yes No

Were you discharged or released from active military duty because of a disability incurred while on active military duty? Yes No

Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation? Yes No

Are you entitled for compensation for a disability incurred while on active military duty and disability is rated at 30% or more? Yes No

Has your disability been rated at less than 30%, and has the Department of Veterans Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment? Yes No

What is your current disability rating from the Department of Veteran Affairs? _____%

Was your spouse in the military? Yes - answer the questions below in this section No - skip this section

Are you the spouse of any person who died on active military duty or military service connected disability? Yes No

Are you the spouse of any member of the Armed Forces service who, at this time, has been in any one or more of the following categories for more than 90 days?
 Missing in action Forcibly detained or interned by a foreign government or power
 Captured in the line of duty No

Are you the spouse of a person who has a total disability permanent in nature resulting from a military service-connected disability? Yes No

Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability?..... Yes No

Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? Yes No

Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? Yes No

Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? Yes No

Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? Yes No

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Are you a seasonal farm worker or migrant farm worker? Yes No **If Yes, please answer the following questions:**

- | | | |
|---|------------------------------|-----------------------------|
| Did you work at least 25 days in seasonal agricultural jobs during the past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you earn at least \$800 in any seasonal, agricultural jobs during the past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you work in a food processing plant on a seasonal and migrant basis during the past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was more than one-half of your past year's income earned by working in agriculture? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was more than one-half of your past year's total work time in agricultural work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you work for more than one agricultural employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered NOT EMPLOYED or you have been laid off or you have received notice that you will be laid off, please answer the following questions:

Please select the ONE that best describes your situation:

- Have you been laid off or received a notice of layoff from your employer as a result of a reduction in the employer's workforce?
- Have you been laid off or received a notice of layoff from your employer as a result of a permanent closing or major layoff?
- Are you employed by an employer who has made a general announcement that the business will close within 180 days?
- Are you employed by an employer who has made a general announcement that the business will close without naming a specific date?
- Were you self-employed and are now unemployed due to general economic conditions or natural disaster in your community?
- Are you a displaced homemaker? A displaced homemaker is an individual who was dependent on support from a family member whose support is no longer available, is unemployed or underemployed, and is having difficulty finding a job or finding a good job.
- Are you unemployed as a result of military closures or realignments?
- Are you unemployed due to multiple layoffs in a single local community significantly increasing the total number of unemployed workers?
- Are you unemployed due to emergencies or natural disasters which have been declared eligible for public assistance by the Federal Emergency Management Agency (FEMA)?
- None of the above

If you were terminated or laid off (dislocated) from your last job, or if you are unemployed due to a natural disaster, please answer the questions in this section.

Are you likely to return to your previous occupation or industry?
 Yes No

Please enter your termination or layoff date: _____

From what industry were you dislocated?: _____

What was your occupation (job) at the time of your dislocation?: _____

Number of months at employer of dislocation: _____

Hourly wage at dislocation (\$0.00): _____

Have you received information that you are eligible for unemployment benefits or that you have exhausted your unemployment benefits? Yes No

Have you received information that you are not eligible for unemployment benefits due to a lack of sufficient earnings or that you performed services for an employer not covered by unemployment insurance? Yes No

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DATA CONSENT

The Arkansas Apprenticeship Pathways Initiative (AAPI) program is a Department of Labor, Office of Apprenticeship sponsored grant to enable eligible participants to receive pre-apprenticeship and occupational specific registered apprenticeship training to meet employer needs leading to viable employment opportunities.

The AAPI grant is required to obtain personal information from all individuals participating in training/education activities in order to track overall grant program outcomes. The AAPI Participant Referral Form will be shared with grant project partners that include: The Arkansas Department of Workforce Services (ADWS), Winrock International, participating training providers that include the Arkansas Apprenticeship Coalition and Community Colleges, and participating Local Workforce Development Boards.

I hereby give my permission for the information that I provide to be shared with AAPI grant program partners and used to facilitate my enrollment into training under the grant program as well as be used to measure program outcomes for the AAPI grant program.

I attest that the information stated is true and accurate and I understand that the Information provided, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties specified by law. I allow release of this information for eligibility verification purposes.

_____	_____	_____
Applicant Name (PRINT)	Applicant Name (SIGNATURE)	Date

If the applicant is under the age of 18:

_____	_____	_____
Parent/Guardian Name (PRINT)	Parent/Guardian Name (SIGNATURE)	Date

If you have any questions regarding the AAPI grant program please contact Lisa Ferrell@arkansas.gov at 501-371-1024 or Mark McManus (mark.mcmanus@arkansas.gov) at 501-978-3953.

OFFICE USE ONLY:

Name of Referring Organization: _____
Name of Organization Contact: _____
E-mail address of Organizational Contact: _____
Telephone Number: _____

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AUTHORIZATION TO OBTAIN INFORMATION

- I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

The Workforce Investment Act service provider may provide information regarding my participation in adult, youth, or dislocated worker programs.

- The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.

- The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.

- The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.

- The Department of Education and local school districts may provide records relating to my current and past education.

- The Department of Workforce Education and affiliated training providers may provide records relating to current and past education

- The Department of Higher Education and affiliated educational Institutions may provide records relating to current and past education

- Private and career training institutions may provide records relating to current and past training and education

- My current and past employers may provide information related to my employment

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance.

Applicant Name (PRINT)

Applicant Name (SIGNATURE)

Date

If the applicant is under the age of 18:

Parent/Guardian Name (PRINT)

Parent/Guardian Name (SIGNATURE)

Date