

**ENVIROMENTAL CAREER WORKER  
TRAINING PROGRAM**

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

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Mailing Address if Different \_\_\_\_\_

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Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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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: