



PATHWAYS OUT OF POVERTY

PROGRAM APPLICATION

FOR OFFICE PERSONNEL ONLY:	
RAD ID: _____	PID: _____
ADULT _____	DISLOCATED _____

How did you hear about the Pathways Out of Poverty Program?

()Friend/Family ()Newspaper ()CareerLink ()Advertisement ()Other _____

APPLICATION DATE: _____ SS #: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELLPHONE: _____

Email: _____ AGE: _____ BIRTHDATE: _____

Gender ___M___F Are you of Hispanic Origin? ___Y___N

Race: ___White ___African-American ___Asian ___American Indian or Alaska Native
___Native Hawaiian or Other Pacific Islander ___More than One Race

Please answer all questions below:

- | | |
|--|----------------|
| 1. Are you currently employed? | YES ___ NO ___ |
| If no, last date of employment _____ | |
| 2. Are you receiving unemployment compensation? | YES ___ NO ___ |
| 3. Are you a citizen? | YES ___ NO ___ |
| 4. Are you legal to work in the US? | YES ___ NO ___ |
| 5. Do you or your family receive cash assistance? | YES ___ NO ___ |
| 6. Do you or your family receive food stamps? | YES ___ NO ___ |
| 7. Do you receive Supplemental Security Income? | YES ___ NO ___ |
| 8. Are you a Veteran? | YES ___ NO ___ |
| 9. Have you registered with Selective Service? | YES ___ NO ___ |
| 10. Do you have any health limitations or disabilities? | YES ___ NO ___ |
| 11. Have you ever been convicted of a crime/criminal record? | YES ___ NO ___ |
| 12. Are you homeless? | YES ___ NO ___ |
| 13. Do you have a valid PA driver's license or Photo ID? | YES ___ NO ___ |
| 14. Do you need additional training to retain full-time employment | YES ___ NO ___ |

STATEMENT OF FAMILY SIZE/FAMILY INCOME

** List family members that reside in household, relationship, last six months income and source of income

FAMILY MEMBERS NAMES	RELATIONSHIP TO APPLICANT	SOURCE OF INCOME	FAMILY MEMBER INCOME (Last Six Months)

TRAINING & EDUCATION RECORD

EDUCATION	SCHOOL NAME & ADDRESS	MAJOR COURSES	DEGREE/DIPLOMA
HIGH SCHOOL			
VO-TECH			
COLLEGE			
TECHNICAL			
OTHER			

Note any specialized training/honors/extra-curricular activities, etc: _____

EMPLOYMENT HISTORY

List below all present and past employment beginning with your most recent position. Describe in detail your Job duties and skills. Please do not write "see Resume".

Employer: _____

Job Title: _____

Address: _____

Telephone Number: _____

Start Date: _____ End Date: _____ Wage: _____ Hours Per week: _____

Duties: _____

Reason for Leaving : _____ Laid Off _____ Terminated _____ Quit _____ Other _____

Employer: _____

Job Title: _____

Address: _____

Telephone Number: _____

Start Date: _____ End Date: _____ Wage: _____ Hours Per week: _____

Duties: _____

Reason for Leaving : _____ Laid Off _____ Terminated _____ Quit _____ Other _____

Employer: _____

Job Title: _____

Address: _____

Telephone Number: _____

Start Date: _____ End Date: _____ Wage: _____ Hours Per week: _____

Duties: _____

Reason for Leaving : _____ Laid Off _____ Terminated _____ Quit _____ Other _____

Employer: _____

Job Title: _____

Address: _____

Telephone Number: _____

Start Date: _____ End Date: _____ Wage: _____ Hours Per week: _____

Duties: _____

Reason for Leaving : _____ Laid Off _____ Terminated _____ Quit _____ Other _____

MILITARY:

Branch: _____ Service Date: From _____ To _____

Duties: _____

Other Information/Additional Skills

**List any other schooling or training which you may have. Please include any certificates or licenses you hold or any equipment you operate

Personal Statement

Please write a brief statement explaining your employment goals. Please include what you will need to achieve your career goal and how you will support yourself while in program:

Please describe what steps you have taken to obtain employment in the past (6) months

I certify that the information that I have provided on this document is true and correct to the best of my knowledge:

Signature _____ Date: _____

Case Manager: _____ Date: _____

THE PRIVATE INDUSTRY COUNCIL OF WESTMORELAND/FAYETTE IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS ALL APPLICATION FOR PATHWAYS OUT OF POVERTY PROGRAM WITHOUT REGARD TO RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER BASIS PROHIBITED BY LAW.