

PLEASE PRINT

Last Name: _____ Date: _____

First Name: _____

Phone Number: _____ Alternate Phone (if any): _____

Street Address: _____ Zip: _____

Are you a City resident? Yes No I'm not sure

Email Address: _____

Are you legally eligible to work in the United States? Yes No I'm not sure

PLEASE IDENTIFY WHERE YOU LEARNED ABOUT THE READY-TO-EARN PROGRAM

- Job Connection Center Pima One Stop State Employment service
 Call Center Friend/ Relative Job Fair
 Other (please describe) _____

PERSONAL

Are you at least eighteen years old? Yes No (*I am under 18*)

Do you have a **High School Diploma** or **GED**? HSD GED Neither

Are you currently employed? Yes No

If Yes, how many hours per week? _____

How will you travel to class? Check all that apply:

- My vehicle Bus Bicycle Walk
 Ride with friend or relative Other (describe): _____

Have you ever been convicted of a crime? Yes No

*** Note a conviction will not necessarily disqualify the candidate.**

Position/Skills

Have you ever **applied** to work at a Call-Center? Yes No
If Yes, specify WHICH ONE(s) and WHEN (dates)?

Why do you want to work for the Call Center Industry?

Have you had any computer training? Yes No
If Yes, please specify WHERE and WHAT TYPE?

Have you had any typing (or keyboarding) training? Yes No
How fast do you estimate you can type? _____ Words per Minute

Do you have any other skills and/or experience that you feel would qualify you to work in a call center?
Please explain.

Work Experience

Tell us a little about your **skills** and **employment history** for the past six years. **If not employed**, please describe what you were doing.

<u>Year</u>	<u>Company or Employer</u>	<u>Title and responsibilities</u>	<u>State</u>
2009			
2008			
2007			
2006			
2005			
2004			

Challenges to program success:

This training program involves typing, computer use and group discussion activities for **5-hours per day, Monday - Friday, for four weeks.**



CHECK THE APPROPRIATE BOX(S) TO THE FOLLOWING QUESTIONS:

You have previously scheduled appointments during class time?

Yes No **If Yes, Please Specify how often?**

You feel you may have trouble with *typing* or *working at a computer* for *any length of time*.

Yes No **If Yes, Please Specify?**

You feel you may have difficulties being with or working in groups-of-people.

Yes No **If Yes, Please Specify?**

You feel you cannot afford to wait until Graduation to get a job?

Yes No **If Yes, Please Specify?**

You feel you may not be able to seek employment *immediately* after graduation?

Yes No **If Yes, Please Specify?**

Specific Job Considerations

Entry-level positions often **require flexibility** in schedules. **MANY call-centers are open 24/7** and **require** at least **one weekend** day of work.

Are there **any days**, or **hours** that you would be **unable** to work **due to** family, medical, or religious considerations?

Are there any **hours** or days that you would be **unwilling** to work?

Are you working with any other social service agencies (e.g., DES, COPE, One Stop, Voc. Rehab...)?

If Yes, specify **What Agency** and the **Name of the person** you are working with?

Do you have a specific company or employer that you would like to work for?

Do you have any questions for us?

The services provided under this program are made possible by partial or total funding from city, and/or state, and/or federal grants. (Such as HUD CDBG – Community Development Block Grant and Commerce’s TOP – Technologies Opportunity Program) An agency receiving such funding must gather income and female head of household data from its clients. All information gathered is confidential and is for program reporting and eligibility use only.

By answering the three questions at the bottom of this form, you will be helping us ensure that programs such as this will continue to be available. Thank you.

Median Family Income Levels (MFI) by Household Size
Effective May 2010

Determine your annual household income level:

1. Check the number of people in your household (**1st column**)
2. Check the amount **in that row** that describes your household income

Number of Persons In Household	(30 % Median) Equal to or less than:	(50% Median) Equal to or less than:	(80% Median) Equal to or less than:
1	\$12,400	\$20,650	\$33,050
2	14,200	23,600	37,800
3	15,950	26,550	42,500
4	17,700	29,500	47,200
5	19,150	31,900	51,000
6	20,550	34,250	54,800
7	21,950	36,000	58,550
8	23,400	38,950	62,350

05/10

1. My family income is above the amount stated for my family size.
2. Is the Head of Household a single female? Yes No

I believe that the statements above are true and complete to the best of my knowledge and belief.

Client / Applicant Signature _____ Date: ____/____/____

Please print 2 copies of the completed form. One copy for your records and one to turn in to Goodwill.