TrANS Application

Please send completed application to:

Jennifer Marks
TrANS Director of Operations
1819 Aberg Avenue Madison, WI 53704
Phone: 920-292-1332
Fax: 920-232-9349
Jmarks@fsc-corp.org

Completion of this application is not a guarantee of enrollment in the TrANS Program.

Personal Information

Name: _____
Last First Middle

Street Address: _____

City: _____State: _____ Zip Code: _____

Telephone Number: (____) _____ Cell Phone/Pager: (_____) _____

E-mail Address: _____

Date of Birth: _____/_____/_____

Transportation

Do you have a valid driver's license? Yes ○ No ○

Driver's License Number: _____ State: _____

Do you currently hold a Commercial Driver's License? Yes ○ No ○

Have you been convicted of an OWI/DUI within the last 3 years? Yes ○ No ○

Do you have any excessive speeding violations? (20mph over posted limit) Yes ○ No ○

Dates:_____

Do you have any unpaid tickets for driving violations? Yes ○ No ○

Do you know how to drive a manual transmission vehicle (stick shift)? Yes ○ No ○

Have you ever operated a heavy-duty vehicle or machine? Yes ○ No ○

Do you have your own car? Yes ○ No ○

If you don't have your own car, how would you get to the TrANS classes?

_____

Demographic Information

The following information is voluntary. All information provided on this form is protected under the Privacy Act of 1974 which states that we must explain why we are asking for information and how it will be used. Forward Service Corporation and the TrANS program uses this information for reporting to its funding source. This information does not determine or affect your eligibility for the training. This data may be used for referring to additional resources, further training, and work placements.

Please answer each:

	Yes	No
Are you a veteran?	○	○
Are you currently employed?	○	○
Do you have a work-related disability?	○	○
Are you currently living in a shelter?	○	○
Have you ever been convicted of a felony?	○	○
Are you currently on probation or parole?	○	○
Would this be your first full-time job?	○	○

Please select your gender:

○ Female ○ Male

Please select the racial or ethnic background you feel best describes you:

○ African-American
○ Asian-American
○ Hispanic/Latino
○ Native American
○ Native Hawaiian or Pacific Islander
○ White/Caucasian
○ 2 or more races
○ Choose not to answer

Tribe (if Native American): _____

Family Information

Please select your marital status: ○ Single ○ Married ○ Divorced ○ Separated

Do you currently have primary or partial custody of minor children? Yes ○ No ○

If you answered yes, do you have child care in place so you can complete the TrANS course? Yes ○ No ○

Emergency Contact

Please provide an emergency contact who will always know how to reach you.

Name: _____

Relationship: _____ Telephone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number

Social Security Number: ___ ___ ___ — ___ ___ — ___ ___ ___ ___

How did you hear about the TrANS Program?

○ Newspaper ○ Radio ○ Other: _____
○ Job Center ○ Friend

Education

Please select your highest level of education:

- ○ No High School Diploma or GED
- ○ GED/HSED
- ○ Associate Degree
- ○ High School Diploma
- ○ Some college
- ○ Bachelor's Degree or Higher

If no high school diploma or GED, please indicate highest grade completed: _____ Grade

Schools Attended:		Year Graduated
High School:		
College or University: (including technical colleges)		

Please list any additional training you've had, such as military schools, short-term courses, or certificate programs:

_____

_____

_____

References

Please list three professional references who are not relatives or friends (such as teachers, past supervisors, co-workers).

Name:_____

Occupation: _____ How long known? _____

Telephone Number: (____) _____ E-mail: _____

Name:_____

Occupation: _____ How long known? _____

Telephone Number: (____) _____ E-mail: _____

Name:_____

Occupation: _____ How long known? _____

Telephone Number: (____) _____ E-mail: _____

Road Construction Work Readiness

Have you ever worked in construction?	Yes ○	No ○
Can you pass a pre-employment drug test?	Yes ○	No ○
Would you be able to work at least 40 hours a week?	Yes ○	No ○
Would you be able to work nights and weekends?	Yes ○	No ○
Would you be able to travel to different work sites, including outside of the county?	Yes ○	No ○

Employment History

Please list your 3 previous employers (including service in armed forces). You may also attach a resume:

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Start Date: _____ End Date: _____

Duties: _____

_____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Start Date: _____ End Date: _____

Duties: _____

_____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Start Date: _____ End Date: _____

Duties: _____

_____

Signature

I certify that the answers given by me are true and correct without consequential omissions of any kind. I understand that misleading or incorrect statement may render this application void, and if selected for training, may be cause for termination. I also authorize the companies, schools, and persons named above to give any information requested regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage issuing this information in consideration of selection for the TrANS program. I authorize Forward Service Corporation and the TrANS program to contact previous employers and references given here and release them from all liability.

_____ _____

Signature Date