

Employment & Training Profile Sheet

Name: _____

D.O.B: _____

If you would like to attend a training program (must end in a certificate, license, or diploma), please provide the information below:

Name of School or Training Program:

Length of training program:

Beginning date:

Ending Date:

Achievement: Diploma Certificate License Other

Reason for your request (attach supporting documentation):

Have you had any difficulty obtaining employment due to a previous misdemeanor or felony record? If so, please explain:

Name other sources of funding you've applied for:

Fund amount \$

\$

\$

\$

\$

Total fund amount **\$**

When applicable, you must provide:

_____ Copy of any certifications, licensures, diplomas and/or degrees

_____ Enrollment/Registration Information

Once program is completed, you must hand in these documents (when applicable):

_____ Copy of program certificate or licensure

_____ Receipts for approved expenditures

For Office Use Only:

☐ Approved _____ Staff Initial _____

☐ Denied _____

Source: ☐ P.L. 102-477 ☐ TGF