



Newark Solar Installation Job Training Application

STAFF MUST VERIFY THIS SECTION

Contact Information: PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____ Apartment Number/Floor _____

City: _____ State _____ Zip _____ Social Security # _____

Phone Number: (_____) _____ home, cell, relative (*circle one*)

Alternate Phone: (_____) _____ home, cell, relative (*circle one*)

Email Address: _____

If you do not have a phone, give the number of a friend or relative with whom we can leave a message.

Name: _____ Relationship: _____ Phone Number: (_____) _____

Personal Characteristics:

Gender: (*Circle One*) Male Female

Date of Birth: ____/____/____

Are you a US Citizen? (*Circle One*) Yes / No

Race/Ethnicity: (*Check any and all that apply*)

African American: ___ Hispanic: ___ Caucasian: ___ American Indian: ___ Other: _____

Primary Language: _____ Secondary Language: _____

In what city/town were you born? _____

Do have a valid Driver's License? YES _____ NO _____ Is your license suspended? YES _____ NO _____

Emergency Contact Information:

In Case of Emergency, we should contact

(1) Full Name: _____ Relationship: _____

Address: _____

Phone Number: (*Day*) (_____) _____ (*Evening*) (_____) _____

Is this a work number: Yes ___ No ___ If yes, what shift 1st ___ 2nd ___ 3rd ___

(2) Full Name: _____ Relationship: _____

Address: _____

Phone Number: (*Day*) (_____) _____ (*Evening*) (_____) _____

Is this a work number: Yes ___ No ___ If yes, what shift 1st ___ 2nd ___ 3rd ___

Educational History:

▶ (1) Do you have your high school diploma? Yes ___ No ___ or GED Yes ___ NO ___
(Must show proof of H.S. Diploma or GED)

What school/location: _____

(1a) If No, What is the highest grade completed? _____ Year completed? _____

(1b) Last school attended _____

Test for Adult Basic Education (TABE) Staff Only

Please identify area(s) requiring additional academic assistance

R ___ M ___

Criminal Justice History:

(1) Have you ever been arrested? Yes _____ No _____

(2) Have you ever been convicted of a crime? (check one) Yes _____ No _____

If yes, check **all** of the following (past or present) that apply to you?

Misdemeanor: _____ Felony: _____ Probation: _____ Parole: _____

Juvenile Detention Facility: _____ Length of time served: _____

Adult Correctional Facility: _____ Length of time served: _____

Loss of Voting Rights: _____

List the charges and the dates below: _____

(3) Are you currently involved with any of the following programs? (Circle all that apply)

A. Probation B. Parole C. ISP D. SIP E. JJC F. MCADC G. Other H. None listed

(4) Do you have any court fines? (check one) Yes ___ No ___

If Yes, how much do you owe? \$ _____

(5) Do you have M.V. fines? YES _____ NO _____ If Yes, how much do you owe? \$ _____

(6) Are you currently waiting to go to court to deal with charges? (check one) Yes ___ No ___

If Yes, List the charges: _____

(7) Check referring agency:

___ MOET (Mayor's Office of Employment and Training)

___ One Stop Career Center

___ Newark Housing Authority

___ Youth Build Institute Alumni

___ Trenton Housing Authority

If none of the above applies, what agency referred you or how did you hear about training?

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Medical Information:

- (1) Do you have Health Insurance? Yes _____ No _____ (If No, skip to question 4)
(2a) If Yes, what kind of insurance policy do you have: (Check One)
Medicaid / HMO / Family Care _____ Other _____
- (2) Who is the primary policyholder: _____
- (3) What is the insurance policy number: _____
- (4) What is your doctor's name? _____
Address _____ City: _____
Phone number: (_____) _____
- (5) Check all that apply to you:
Allergies ___ Wear glasses ___ Asthma ___ Diabetes ___ Back problems ___ Seizures ___
Other _____
If you checked "allergies" please indicate what you are allergic to. _____
- (6) Do you take any medications? YES ___ NO ___
(7a) If Yes, what medications do you take? _____
- (7) If given a drug test today, would you test positive for illegal drugs? YES _____ NO _____ Which drug? _____
- (8) If given a test for alcohol today, would you test positive? YES _____ NO _____
- (9) Have you ever participated in drug/alcohol counseling? YES _____ NO _____
Did you complete the class? YES _____ NO _____
(9a) If yes, Where? _____ When? _____

NOTE: As a Trainee you may periodically be tested for drugs during your enrollment in the Program. It is best to answer the questions truthfully.

ALL INFORMATION IS CONFIDENTIAL

Employment Information:

- (1) Are you currently employed? YES ___ NO ___
(1a) If Yes, (Give company's name)? _____
Job title: _____ Rate of pay: \$ _____ Hours of work _____
Supervisor's name and number: _____
Medical Benefits? Yes ___ No ___ Vacation Benefits: Yes ___ No ___
Construction Experience Yes ___ No ___
- (1b) If No, Have you ever been employed? _____ Date when most recent job ended: _____
Job title: _____ Rate of pay: \$ _____ Hours of work _____
Supervisor's name and number: _____
Construction Experience Yes ___ No ___
- (2) What is the source of your monthly income? (Check all that apply)
SSI _____, Disability _____, Unemployment _____, City Welfare _____, General Assistance _____
Salary, Other (specify) _____, you are supported by _____

The LPCCD Solar Installation Training Program instructs participants in the field of residential and commercial solar electric design and installation. Other areas of instruction may include HVAC maintenance & repair, renewable energy design and installation, energy consulting, etc. All of the anticipated fields may require extensive crawling, bending, and twisting in attics, basements, crawlspaces and other areas of a home that may be at times dark, damp, extremely hot, or otherwise inhospitable for common use. **Participants will also find themselves climbing high on ladders, working in elevations greater than 100 feet above the ground, sometimes on uneven ground, on roofs with potential temperatures exceeding 90 degrees, while utilizing full arrest protection equipment.**

Do you have any physical limitations that may prohibit you from effectively completing the required tasks?

YES NO

Do you have a fear of heights? YES NO

If yes, to any question, please describe:

Trainee Personal Profile:

This is the part of the application where you tell the Staff about yourself. Be sure to complete all blanks.

(1) What areas of construction do you have experience (i.e. carpentry, electric, etc.):

A. _____ B. _____

C. _____ D. _____

(2) List four things that you are good at:

A. _____ B. _____

C. _____ D. _____

(3) List four areas that you need and want to improve:

A. _____ B. _____

C. _____ D. _____

(4) When I complete the solar job training, I would like to _____

(5) I would like to be accepted into the program because I _____

I, _____ would like to become a Trainee. Date: _____

(Signature)

(Staff Member Signature)

Date