



# Advanced Manufacturing Technician Program Intake Form

The Washington County Manufacturing Partnership is the recipient of a Maryland Department of Labor, Licensing and Regulation job training grant which provides preferential hiring at partnered companies. Submission of intake form does not guarantee acceptance into the program.

<b>Applicant Information:</b>	
Name:	Telephone:
Address:	
County:	Email Address:
Birth Date:	Social Security #:
<b>Race: (please check all that apply)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino	
<b>Eligibility Information:</b>	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Maryland resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Maryland Driver's License? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any past driving history/infractions that may impact your ability to obtain a commercial license? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime or served time for a conviction? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed	If employed, what is your highest hourly rate? _____

What is your highest educational attainment?		
<input type="checkbox"/> High School <input type="checkbox"/> Some College	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree <input type="checkbox"/> Industry credential (Please specify):
Are you eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for training classes one evening a week?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for training classes Saturdays?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work for one of the following companies: <ul style="list-style-type: none"> <li>- Volvo Group Trucks Operations</li> <li>- Caldwell Manufacturing</li> <li>- Fil Tec, Inc.</li> <li>- Rust-Oleum</li> <li>- Wright Manufacturing</li> <li>- Jamison Door Company</li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information I have submitted is correct. I authorize the release of this information to Washington County Manufacturing Partnership, Maryland Department of Labor, Licensing and Regulation, grant partners and potential employers. I will provide additional information or verification upon request.

I further agree to submit to all grant required application testing (including criminal background check and drug screen) as part of the Advanced Manufacturing Technician Program intake process. Failure to do so will invalidate my submission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed forms to:**

**Email:** [EARNWCMP@gmail.com](mailto:EARNWCMP@gmail.com)  
**Subject:** Last Name – Intake Form

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**FOR OFFICE USE ONLY**

<b><i>Application Status</i></b>	Student ID #:
Dated received:	Criminal background results:
Date reviewed:	DOT 10 Panel drug screen results:
Date applicant contacted:	WorkKeys National Career Readiness:
Testing schedule:	
<b>NOTES</b>	
Referral Agency: _____	