



# Road to Careers Program Application

This program is funded by the State of Maryland's Road to Careers Grant Program, administered by the Maryland Department of Labor. As a recipient of Road to Careers, this program is required by law to collect certain demographic information from training participants and to provide such information to DOL for reporting purposes.

## Applicant Information:

Name:	Phone Number:
Street Address:	City, State, Zip:

## Program Information:

Which of the following programs are you interested/currently participating in:	
- Registered Apprenticeship: HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Carpentry <input type="checkbox"/>	<input type="checkbox"/> Yes
- Pre-Apprenticeship	<input type="checkbox"/> Yes
- Integrated Education and Training	<input type="checkbox"/> Yes
Date Last Employed (if unemployed):	

## Demographic Information:

What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Choose not to disclose
Are you a minority? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Barriers to Successful Program Completion:

Please identify any current or anticipated barriers you are experiencing:	
Transportation	<input type="checkbox"/> Yes
Tuition Assistance	<input type="checkbox"/> Yes
Child Care	<input type="checkbox"/> Yes
Physical/Mental Health	<input type="checkbox"/> Yes
Job Readiness Skills (resume/application assistance, interview prep., etc.)	<input type="checkbox"/> Yes
Legal Issues	<input type="checkbox"/> Yes
Housing/Utilities	<input type="checkbox"/> Yes
Personal Needs (food, clothing, etc.)	<input type="checkbox"/> Yes
Financial Literacy/Credit	<input type="checkbox"/> Yes
Additional Training	<input type="checkbox"/> Yes
Uniforms	<input type="checkbox"/> Yes
Equipment necessary for employment	<input type="checkbox"/> Yes

I hereby certify that the information I have submitted is correct. I authorize the release of this information to Hagerstown Community College and the Maryland Department of Labor. I will provide additional information or verification upon request. Failure to do so will invalidate my grant funding.

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

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**FOR OFFICE USE ONLY**

<b>Applicant MOVE ID:</b>	
Date Enrolled in <i>Road to Careers Program</i> Funded Training:	Date Completed:
Industry Certification or Credential Acquired in Training:	
Identifiable Skills Earned Through Training:	
Was Participant hired into New Employment or a New Position with Existing company within 60 days of program completion? <input type="checkbox"/> Yes	
Was the position hired for an MDOT Contract or Permanent Role? _____	
New Position Title:	
Name of New Employer:	
Address of New Employer:	
Hours Worked per Week:	
New Hourly Wage: \$	New Hire Date:
Was participant offered health benefits at this job? <input type="checkbox"/> Yes <input type="checkbox"/> No	