



Good Jobs Challenge Application

Application Date _____

Name

First Name Middle Last Name Suffix if applicable

CTHIRES USERNAME _____

Located

City State

Home Phone _____ Cell Phone _____

Email Address _____

Self- Attestation

Are you legally allowed to work in the United States? Yes No

Are you currently employed? (check all that apply)

- Employed Employed, but received notice of termination of employment or military separation
- Not Employed I have never been employed
- Displaced Due to Covid Unable to seek a better opportunity as a result of COVID

→ If you **are** employed, are you currently underemployed? Yes No

Underemployed means you are not currently connected to a full-time job which pays at the same level of your education, skills, or wage and/or salary earned previously, or you have obtained only episodic, short-term, or part-time employment.

→ If you are **not** employed, are you currently receiving unemployment compensation? Yes No

→ For your most recent job, what was your last date of employment? _____

→ For your most recent job, what was the industry? _____

→ For your most recent job, what was the job title? _____

→ For your most recent job, what was your hourly wage? _____

→ For your most recent job, how many hours did you work each week, on average? _____



I understand that the complete application may require additional forms or copies of supporting documentation. I understand that I have the right to file a formal complaint with [redacted] if I feel that I have experienced discrimination or that my rights have been violated.

Personal Data

I understand that all information required for this application is confidential and will be used to determine program eligibility. I understand that [redacted] use an online database system to collect personal information and track services related to me and my participation in this program. I understand that [redacted] may use such data for internal and external evaluation and reporting purposes. I understand that [redacted] has a policy to safeguard personally identifiable information.

Release of Information

I authorize the release of application information to [redacted] for regulatory and internal processes associated with training, funding, reporting and evaluation. I authorize the release of program participation information, including education and employment information, to [redacted] for reporting and evaluation processes.

I understand that [redacted] collaborates with other organizations for the benefit of this program and that this collaboration may include the sharing of my confidential information, including but not limited to: basic identifying information, demographic information, eligibility information, program participation information, education information, and employment information. I understand that my information may be used for research, evaluation, and analytic purposes that support the improvement of policies and outcomes for training and employment programs. I understand that no identifiable information will be released publicly unless a request is obtained from state or federal authorities as part of their statutory investigative, audit and examination powers or as ordered to do so by a court or other administrative governmental body.

Certification

I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from the program and to such other civil and criminal penalties as may be prescribed by law or regulations. I understand that any and all information provided by me may be verified. I allow the release of information by [redacted] for verification purposes.



I certify that the statements made by me on this application are voluntary, true, complete and correct to the best of my knowledge and belief and are made in good faith.

I have read and agree to this release and certification.

Signature:

Signature of Parent or Guardian (as needed)