

Metro Newark Brownfields Career Training Project
2011 Training Application

PLEASE PRINT ALL INFORMATION

NAME: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____ APT. NO: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ TELEPHONE NO: _____

EDUCATIONAL HISTORY

DATE OF GRADUATION OR G.E.D. _____ DATES ATTENDED (MONTH/YEAR): FROM _____ TO _____

HIGH SCHOOL NAME: _____

High School Address: _____

ETHNICITY (OPTIONAL) AFR.- AMERICAN LATINO CAUCASIAN OTHER

ARE YOU A UNITED STATES CITIZEN? YES NO IF NOT, GIVE GREEN CARD NO: _____

HOW DID YOU HEAR ABOUT THE PROGRAM? (CHECK ONE)

SCHOOL RELATIVE CHURCH/MOSQUE FRIEND NEWSPAPER OTHER

DO YOU HAVE A CAR? YES NO DRIVER'S LICENSE YES___ NO___

LIST RELATED TRAINING PROGRAMS:

LIST WORK EXPERIENCE, SKILLS OR CERTIFICATES:

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOURSELF? (USE EXTRA PAPER IF NECESSARY):

SIGNATURE: _____ DATE: _____

MAIL, FAX OR EMAIL APPLICATION TO:
NEW JERSEY INSTITUTE FOR SOCIAL JUSTICE
60 PARK PLACE – SUITE 511
NEWARK, NJ 07102
ATTN: EPA BROWNFIELDS - FAX TO 973-624-0704 – EMAIL TO INFO@NJISJ.ORG