

# TRAINING FUTURES INTAKE APPLICATION



## Instructions to fill in PDF forms

- 1. Open the form in a web browser. Google Chrome and Microsoft Edge are the best for filling in PDFs.**
  - If the form came from a link online, open that link in Chrome or Edge.
  - If the form is attached to an email, download the PDF. Specify to open in Chrome or Edge, or save the file.
  - If the PDF is saved on your computer, navigate to it in your file explorer. Right-click the file, hover over Open with, and select Chrome or Edge.
- 2. Fill in the form. Click into the fields and type the information.**
  - Please complete ALL information to the best of your knowledge. Applicant information will be treated as CONFIDENTIAL.
- 3. Save the form. This works differently depending on the browser you are using.**
  - In Google Chrome, you must “print the edited form as a PDF”. After filling in the form, click the print icon in the top right corner of the page. For Destination, select Microsoft Print to PDF. Click Print. Specify the location in which to save the file. Click Save.
  - In Edge, simply click the Save icon in the top right corner of the page after filling in the form.
- 4. Compose a new email and attach the completed PDF Form.**
- 5. Send the application to [tftrainee@nvfs.org](mailto:tftrainee@nvfs.org), adding to the subject line: APPLICATION.** If you have any issues or questions, please call 571-748-2860.

## Training Futures

### INVESTING IN TALENT, INVESTING IN THE FUTURE

Training Futures is a nationally recognized workforce development program with proven results, providing training for living-wage professional careers. It offers an innovative curriculum in a simulated office environment with two primary goals: to help under- and unemployed adults secure professional careers with potential for advancement and to meet the needs of local employers who seek qualified, entry-level workers.

Established in 1996, this dynamic program has set up more than 2,500 people from diverse backgrounds and experiences to take the next step in their careers. Within six months of graduation, most graduates earn employment.

**For more information, visit: <https://www.nvfs.org/our-services/workforce-development/training-futures/>**

# TRAINING FUTURES INTAKE APPLICATION



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

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: ☐ Cell ☐ Home ☐ Other

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Gender: ☐ Female ☐ Male ☐ Non-Binary/3rd Gender ☐ Prefer not to say ☐ Prefer to self-describe: \_\_\_\_\_  
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Domestic Partner ☐ Common Law  
US Military Service Status: ☐ Never Served ☐ Currently Active ☐ Veteran ☐ Decline to Answer

Country of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ non-Hispanic Other languages spoken: \_\_\_\_\_

Race (select all that apply):  
☐ Black (ex: African American, Jamaican, Haitian, Nigerian, Ethiopian, etc.)  
☐ White (ex: German, Irish, English, French, Italian, etc.)  
☐ Asian (ex: Chinese, Filipino, Asian Indian, Vietnamese, Korean, etc.)  
☐ American Indian / Alaskan Native (ex: Navajo Nation, Blackfeet tribe, Mayan, Aztec, Inupiat, Nome Eskimo Community, etc.)  
☐ Native Hawaiian / Other Pacific Islander (ex: Samoan, Chamorro, Tongan, Fijian, etc.)  
☐ Middle Eastern / North African (ex: Lebanese, Iranian, Egyptian, Syrian, Moroccan, etc.)  
☐ Biracial / Multiracial (More than 1 race)

Referral source: How did you hear about Training Futures?

If you are working with or were referred to Training Futures by an agency or case worker/social worker, a signed **Consent for the Release of Confidential Information** form is required. Please fill out the following information:

Name of Agency: \_\_\_\_\_

Name of Contact/Caseworker: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## HOUSEHOLD INFORMATION

### Residence Status:

- ☐ Own  
☐ Rent  
☐ Staying w/friend or family  
☐ Foster Family  
☐ Homeless: Sheltered  
☐ Homeless: Not Sheltered

### Household Type:

- ☐ Single Person, no Dependents  
☐ Single Female Head of Household with Dependents  
☐ Single Male Head of Household with Dependents  
☐ Two-Parent Household  
☐ Two Adults, no Children

**Please list family members living with you (spouse, children, and other adults) and children and other dependents not living with you:**

Name	Sex M/F	Age	Date of Birth	Relationship	Dependent Yes/No	Unemployed Yes/No	Disabled Yes/No	Living with You? Yes/No

**Total number of members in your household (including yourself):** \_\_\_\_\_

**How many members of your household are under 18?** \_\_\_\_\_

*Note: Applicants with children under 18 years old in their household must complete a childcare form.*

**How many members of your household are over 55 years old?** \_\_\_\_\_

**How many members of your household have a disability?** \_\_\_\_\_

**How many members of your household are unemployed? (Do not count children under 18 years old.)** \_\_\_\_\_

### Total household income:

Household income includes all sources of income for you, your family members, and anyone else who lives with you above 18 years old. It refers to the gross income of your household, which is income before any taxes or other deductions are taken from the paycheck.

**Are you and/or your household currently enrolled in medical insurance coverage?** ☐ YES ☐ NO

**Do you claim a disability status:** ☐ YES ☐ NO

### Public Assistance (select all that apply):

- ☐ None  
☐ TANF (Temporary Assistance for Needy Families)  
☐ VIEW Program (Virginia Initiative for Education and Work)  
☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)  
☐ Food Subsidy (e.g., SNAP)

- ☐ SSI (Supplemental Security Income)  
☐ SSDI (Social Security Disability Insurance)  
☐ Child Care Subsidy  
☐ Medicaid  
☐ Medicare  
☐ Rent Subsidy

Other: \_\_\_\_\_

## EMERGENCY CONTACT

Name (First and Last) of Emergency Contact	Phone Number (Specify Home, Work, or Cell)	Relationship to You

## BACKGROUND HISTORY

Have you ever been convicted of a misdemeanor? ☐ NO ☐ YES, explain:

Have you ever been convicted of a felony? ☐ NO ☐ YES, explain:

Do you have any legal judgments or legal proceedings you are currently (or will be) involved in? ☐ NO ☐ YES, explain:

## EMPLOYMENT HISTORY

Position	Employer	Wage/Hr.	Start Date	End Date	Reason for Leaving

What is your current employment status?

- ☐ Employed ☐ Self-Employed  
☐ Retired ☐ Unemployed

If employed:

- ☐ Full-time: How many hours per week?   
☐ Part-time: How many hours per week?

Current or Latest Employer:

Current or Latest Job Title:

Start date:

End date:

Hourly wage: \$

or, Annual  
Salary: \$

Reason for termination: ☐ Still Employed ☐ Resignation ☐ Termination ☐ Layoff/Furlough ☐ End of Contract

**Do you have any experience in the following areas? Mark all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Caregiver, Nursing, Healthcare, and Medical Roles                           | <input type="checkbox"/> Front Desk Reception     |
| <input type="checkbox"/> Cash Handling   | <input type="checkbox"/> Customer Service         |
| <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Human Resources          |
| <input type="checkbox"/> Executive Support to Leadership (Executive Assistant)                       | <input type="checkbox"/> Supervisory Roles        |
| <input type="checkbox"/> Clerical, General Administrative Support (mailroom and office coordination) | <input type="checkbox"/> Accounting/Finance Roles |

## EDUCATIONAL HISTORY

**Have you applied for Training Futures in the past?** ☐ NO ☐ YES, what year? \_\_\_\_\_

**Did you attend?** ☐ YES ☐ NO, why? \_\_\_\_\_

**If you attended and did not graduate, briefly describe the reason:**

\_\_\_\_\_

*Note: A High School Diploma, GED, or foreign equivalent is required for participation in the program.*

**Highest Level of Education Attained:**

- |   |   |
|---|---|
| <input type="checkbox"/> High School Diploma/GED    | <input type="checkbox"/> Associate's Degree (2-yr.)         |
| <input type="checkbox"/> Trade Certificate          | <input type="checkbox"/> College, Bachelor's Degree (4-yr.) |
| <input type="checkbox"/> College Courses, No Degree | <input type="checkbox"/> Advanced Degree (Masters/PhD)      |

**Name of Last Educational Institution/School Attended:** \_\_\_\_\_

**Location (City, Country):** \_\_\_\_\_

**Field of Study/Major:** \_\_\_\_\_

**Language of Instruction:** \_\_\_\_\_

**Month/Year of Graduation:** \_\_\_\_\_

MM/YYYY

**If English is not your native language, have you taken any ESOL (English for Speakers of Other Languages) classes?**

☐ NO

☐ YES, what Program? \_\_\_\_\_ Did you earn a certificate? ☐ YES ☐ NO

**Are you currently enrolled in any education or training courses?**

☐ NO ☐ YES, which? \_\_\_\_\_

**Have you attended and completed any other training program recently?**

☐ NO ☐ YES, which? \_\_\_\_\_

**Did you earn a certificate?** ☐ YES ☐ NO

**If yes, include the certificate name(s):** \_\_\_\_\_

## COMPUTER SKILLS

Do you have internet access at home? ☐ YES ☐ NO

Is there a computer/laptop in your home? ☐ YES ☐ NO

If yes, ☐ PC/Windows ☐ Mac/Apple

If you have a computer, will it be available to you each weekday from 9 AM – 5 PM? ☐ YES ☐ NO

If you DO NOT have a computer at home, do you have access to any other computer

(e.g., loaned laptop, public library), each weekday from 9 AM – 5 PM? ☐ YES ☐ NO

Have you ever used Microsoft Office for work or school? ☐ YES ☐ NO

What do you use computers for? Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Apply for jobs              | <input type="checkbox"/> Managing money (paying bills, looking at bank accounts, etc.)    |
| <input type="checkbox"/> Work                        | <input type="checkbox"/> Video calls (Zoom, MS Teams, Google Meet, etc.)                  |
| <input type="checkbox"/> Check and respond to emails | <input type="checkbox"/> Social networking (Facebook, Instagram, Twitter, LinkedIn, etc.) |
| <input type="checkbox"/> Calendar management         | <input type="checkbox"/> Internet surfing (looking up information, news, etc.)            |
| <input type="checkbox"/> Education (taking a class)  | <input type="checkbox"/> Shopping (including booking travel, hotels, etc.)                |

Can you type with all your fingers without looking at the keys (Touch Typing)? ☐ YES ☐ NO ☐ SOME

MS Word: ☐ None ☐ Minimal ☐ Basic ☐ Intermediate ☐ Advanced

How would you rate MS Excel: ☐ None ☐ Minimal ☐ Basic ☐ Intermediate ☐ Advanced

your skill level?

MS PowerPoint: ☐ None ☐ Minimal ☐ Basic ☐ Intermediate ☐ Advanced

MS Outlook: ☐ None ☐ Minimal ☐ Basic ☐ Intermediate ☐ Advanced

What other computer applications have you used?

## TRANSPORTATION

The Training Futures office is located at **8603 Westwood Center Drive, Suite 300, Vienna, VA 22182**. It is Metro accessible and offers free parking. What is your plan to ensure that you will arrive at the office by 9:15 a.m. on in-person training days?

**Primary transportation plan:**

- ☐ I will drive my own car.
- ☐ I will be driven by a family member or friend.
- ☐ I will use a rideshare service.
- ☐ I will take public transportation.
- ☐ Other:

**Backup Transportation Plan:**

- ☐ I will drive my own car.
- ☐ I will be driven by a family member or friend.
- ☐ I will use a rideshare service.
- ☐ I will take public transportation.
- ☐ Other:

## OPEN-ENDED QUESTIONS

**Please write a few sentences in response to the question below. Your answer will help us get to know you a bit better.**

1. Why do you want to participate in Training Futures? How will participating in the program help you reach your employment goal?

2. What questions or concerns do you have about participating in the TF program? Responses will be discussed during your intake interview.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for the rejection of this application. I understand that legal disclosures are not the sole grounds for denial into the program. I am aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine eligibility.

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