

Pre-Application for BEST, Inc. Funds for Training

(Print) First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ Zip _____

Email _____ Phone _____ Are you a veteran? _____

Age _____ Birth Date ____/____/____ Social Security # _____ - _____ - _____

What training are you interested in? _____ Do you have a resume? _____

If schooling, where is the training? _____ The training starts _____ Do you have any disabilities you wish to acknowledge? _____ Are you currently attending classes? _____ Have you applied for Federal Financial Aid (FAFSA)? _____

Which of the following describes you?

- My family income may be below the poverty line. (Receive Food Stamps/Snap? _____) If no, how many people live in your household _____ and how much income have all the working members of your family earned in the last six months? _____
- I may be a dislocated worker. (I am laid off from _____ date ____/____/____) Are you receiving Unemployment Insurance Benefits? _____ exhausted benefits? _____ Not Eligible/Not Determined _____ Eligible but not receiving benefits _____ Have you been unemployed for at least six months prior to application? _____ Have you completed at least one month of job search? _____ Do you have a resume? _____
- I may be a dislocated homemaker as my household income has dropped in the last two years because of a divorce, death of my spouse or a significant job loss of working spouse.

Labor Force Status: Employed Unemployed (List current and previous jobs held.)

Employer _____ Job Title _____ Location _____
Dates ____/____ to ____/____ Wage _____ Ave. weekly hours _____ Reason for leaving _____

Employer _____ Job Title _____ Location _____
Dates ____/____ to ____/____ Wage _____ Ave. weekly hours _____ Reason for leaving _____

Employer _____ Job Title _____ Location _____
Dates ____/____ to ____/____ Wage _____ Ave. weekly hours _____ Reason for leaving _____

I confirm that I understand that this is only an abbreviated application and I will need to provide additional information.

Signature

Date