

WDI of West Ohio, Inc.

PO Box 213, New Bremen, OH 45869

Candidate Form

We are required to obtain necessary screening information from participants. Please answer the questions below for consideration in this training program.

Name: _____

Address: _____

City/State Zip: _____

Date of Birth: ____/____/____

Email: _____

Number of years educated: _____

School: _____

Highest Grade Completed: _____

Limited English? ____Yes ____No

Do you have any disabilities? ____Yes ____No

Race (Circle all that apply):

Black, Non-Hispanic

White, Non-Hispanic

American Indian or Alaskan Native

Non-resident Alien

Asian or Pacific Islander

Unknown

Hispanic

(As specified by the Ohio Department of Higher Education Information [HEI])

Phone Number: _____

Currently Employer? ____Yes ____No

Current Employer: _____

Description of current job: _____

Year started current job: _____

Wage of current job: _____

Training Interest: _____

Reason for pursuing a new career pathway:

Employment Goal: _____

Release of Information

I, (print name) _____, authorize WDI of West Ohio, Inc. to release my educational records which include my name, resume, the above requested information, results of pathway testing to the membership of this educational partnership for the purpose of pathway research.

My signature is my acknowledgement that I have read and voluntarily consented to the release of the above mentioned information as collected and utilized by the training partnership for the work purpose of supporting and evaluating the career pathway program. **I understand that the WDI and its partners have the right to remove my credentials for review by its members due to actions such as failure of drug testing administered by a consortium member, failure to appear for a scheduled interview with no excuse, or other negligent actions related to employment with consortium members on my part. I give consortium members the right to release my interview information that includes, but is not limited to successful hiring or reasons for not hiring.**

Signature of Student/Parent or Guardian ** _____ Date: _____

Witness: _____ Date: _____

** Students under the age of 18 must have this consent form signed by the student's parent or guardian.

Return this application to: WDI of West Ohio, Inc., PO Box 213, New Bremen, OH 45869
Questions? Contact Angela Hamberg at E-mail: wdi@hometownopportunity.com or Phone: 567-360-6099