

Thank you for interest in the Richard P. Garmany Fresh Start Academy. We are an open enrollment program. All applications are reviewed. Please, download this application and complete all sections thoroughly to the best of your ability. Your responses will help us understand how you fit into this program. When you are finished please email this form to lnfo@freshstartpalletproducts.org. If you have any questions or need assistance, don't hesitate to send an email or call the office at 860-373-7403.

Fresh	Start A	cademy	App	lication
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Yes

No

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1.	First and last Name:					
2.	Street Address:					
3.	City, State					
4.	Zip Code					
5.	Phone number:					
6.	Email address:					
7.	Date of birth:					
8. Gender (Circle Selection)						
	Male Female	Non-Binary				
9.	How did you hear about the program?					
10.	Race					
	African American	Hispanic				
	American Indian	White				
	Asian	Other				
11.	. Why are you interested in the Carpentry and Construction Job Training Program?					
12.	Where do you see yourself after you finish your training? (Circle Selection)					
	Full time employment					
	Part time employment					
	Return/enter school.					
13.	What are the goals you wish to achieve from the program? (Circle Selection)					
	Full time employment					
	Part time employment					
	Add to my general resume, I am not specifically interested in carpentry.					
	Learn carpentry skills, I have no specific goal of employment from this training.					
	Change careers.					
14.	15.Are you currently employed? (Circle	e Selection)				

15.	If you are currently working, h	now many hours a week do you work?
16.	Are you legally entitled to wor	rk in the US?
	Yes No	
17.	Are you a veteran?	
	Yes No	
18.	Do you have construction exp	perience?
	Yes No	
19.	Do you feel that you lack appr	opriate soft and/or hard skills to be or stay employable?
	Yes No	
20.	Do you have a functional use	of the English language? (Meaning ability to read, write and speak basic English.)
	Yes No	
21.	Highest education level comp	leted: (Circle Selection)
	Some High School	
	High School Diploma	
	GED	
	Some College	
	Associate or bachelor's Degre	e.
	Other	
22.	Do you have a stable place to	live for the 6 weeks of the program?
	Yes No	
23.	Have you had housing insecur	rity in the past.
	Yes No	
24.	Current living situation:	
	Living with family or friends	Transitional Housing
	Program/shelter	Permanent Subsidized Housing
	Street/Homeless	Other
	Rent a home/apartment	Own a home
25.	Do you have any pending cou	rt cases?
	Yes No	
26.	Are you currently on:	
	Parole	
	Probation	
	Work Release	
	N/A	
27.	Are you enrolled in a Substance	ce Abuse Treatment Program?
	Yes No	

	Is there anything you would like assistance with
	Housing
	Childcare
	Healthcare
	Transportation
	Legal
	Food Insecurity
	Education
	Other:
31.	Are you connected to any social service agencies, re-entry, or case management that you would like to tell u
	about?
32.	The information provided is true and accurate.
	Printed Name:
	Signature:
	Date

28. Is there anything else we should know about you?