**Access to Employment Application**

Please fill out this application to the best of your ability. All applications can be delivered in person or mailed to *Access to Employment, Access Community Action Agency, 1315 Main St., Suite 2, Willimantic, CT 06226.* Applications may also be sent to: [Clotilde.gannon@accessagency.org](mailto:Clotilde.gannon@accessagency.org)

**Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: | | Last Name | | | Date of Birth: |
| Mailing Address: | | | | | |
| City: | State: | | | Zip Code: | |
| Physical Address (if different from mailing address): | | | | | |
| City: | State: | | | Zip Code: | |
| Home Phone: | | | Cell Phone: | | |
| Email: | | | | | |

Please star (\*) the contact information that represents the best way to get in contact with you.

**Please check the box for all that apply to you:**

|  |  |
| --- | --- |
|  | I have a driver’s license and vehicle. |
|  | I have a high school diploma or the equivalent. |
|  | I have an Associate’s, Bachelors, or more advanced degree. |
|  | I am currently unemployed. |
|  | I have been unemployed for more than 1 year. |
|  | I require childcare accommodations during the training sessions. |

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