

Basic Education Training B.E.T. Project Application

A Partnership of Iow@Work and the Career Assistance Center
Eastern Iowa Community College District

Eligibility: You must be at least 18 years of age, a resident of Region IX [covering Clinton, Scott, Muscatine, and Jackson counties], and have at least one at-risk factor[see checklist]. You must also attend one informational meeting, and a one week assessment before you are placed in the selection pool. Selection for enrollment will be announced after completion of the one week assessment and three way conference with project staff.

If you are selected for enrollment in the B.E.T. project you will attend classes and comply with the rules stipulated in the B.E.T. project handbook.

Complete this application and return it to the **Iow@Work** Davenport office, Kahl Education Center, Suite 910, 326 W. 3rd. St., Davenport, Iowa. [563] 336-3499

You may attend any Informational Meetings held in room 1026 at the Kahl Education Center on Wednesdays at 1:00 p.m.

Name _____ Social Security # _____
Address _____
Phone _____ 2nd Phone contact name and number _____
E-mail address _____ Birthdate _____ Age _____
Highest Grade Completed _____ Name of Last School Attended _____

At-Risk Factors

Check all those that apply:

- Low Income (Receiving public assistance, food stamps or below project income level)
- Annual income _____ Number in family [include self] _____
- Single parent _____ or from a single parent family
- Minority
- Have a documented disability
- Dropped out of school
- Involved with juvenile justice system
- Ex-offender
- Never worked before
- Fired or reprimanded on a job
- Foster Child
- Have no marketable job skills
- Improve math skills
- Improve reading skills
- Improve computer skills
- Other barriers to employment _____

Skill training

Check the types of **skill training** you might be interested in:

- | | |
|---|--|
| <input type="checkbox"/> Welding
<input type="checkbox"/> Certified Nurse's Aide
<input type="checkbox"/> Health Field _____
<input type="checkbox"/> Dental Assistant
<input type="checkbox"/> Emergency Medical technician
<input type="checkbox"/> X-ray Technician
<input type="checkbox"/> Certified Medication Aide
<input type="checkbox"/> Informational Technology
<input type="checkbox"/> Data entry
<input type="checkbox"/> Construction work
<input type="checkbox"/> Food Service
<input type="checkbox"/> Forklift driver
<input type="checkbox"/> Apprenticeship _____
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Truck Driving [CDL]
<input type="checkbox"/> Home Health Aid
<input type="checkbox"/> Registered nurse
<input type="checkbox"/> Coach
<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Certified Medical Assistant
<input type="checkbox"/> Veterinary Technician
<input type="checkbox"/> Web design
<input type="checkbox"/> Clerical
<input type="checkbox"/> Flagger
<input type="checkbox"/> Dietician
<input type="checkbox"/> Logistics |
|---|--|
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Assessment of current computer skills

Please answer the following questions

	Yes	No	Date Certified
Have you mastered any word processing program?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you mastered the internet?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you mastered Windows?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you used a computer?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have access to a computer? Where?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you mastered Excel?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any keyboarding classes?	<input type="checkbox"/>	<input type="checkbox"/>	

Rate your computer skills on a scale of 1 – 10. [10 is the top!] _____

The above information is true and correct.

Signature _____ Date _____

Referring Agency if any _____ Staff Name _____ Phone _____