

# City of Rochester: Environmental Job Training Program- Application Form

We appreciate your interest in the REJOB Training Program. Applicants ages 18 and over should submit applications in person to the Bureau of Equipment Services, 945 Mt. Read Boulevard, Building 100, Rochester, NY 14606. The training offers equal opportunities to all persons without regard to race, color, religion, age, sex, disability, national origin, ancestry, citizenship, military or veteran status, marital status, sexual orientation, domestic violence victim status or any other status protected by law. If you have any questions please feel free to contact the REJOB Training Program Manager at 585-428-7503.



City of Rochester, NY  
Lovely A. Warren, Mayor

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SEX:  M  F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ARE YOU A U.S. CITIZEN?  YES  NO IF NO, INDICATE STATUS \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #1: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_  
Are you Hispanic?  YES  NO Ethnic Group:  Caucasian (White)  Black or African American  Asian  
 Native Hawaiian/Pacific Islander  Native American Or Alaskan Native  
Currently Receiving DHS-Cash Ass. and or SNAP?  YES  NO  
SSI Benefits?  YES  NO SSDI Benefits?  YES  NO

## Education

Are you currently enrolled in school or vocational training?  YES  NO  
What is the highest grade you completed?  Didn't Finish  High School  TASC  College  Advanced Degree

## Licenses/ Permits/ Certifications

Do you have?

Valid driver's license  YES  NO Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Any infractions (violations) in the last 18 months?  YES  NO  
\* CPR Certification  YES  NO Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
\* First Aid Certification  YES  NO Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Other \_\_\_\_\_

*\*please attach copies of these certifications to application or resume*

## Training Program Criteria

Please mark (X) on the boxes below to indicate you acknowledge the training criteria:

- |   |  |
|---|--|
| <input type="checkbox"/> Valid NYS Driver's License or I.D. | <input type="checkbox"/> Able to pass drug/alcohol testing & physicals |
| <input type="checkbox"/> Reliable Daily Transportation      | <input type="checkbox"/> Proficient in math & science                  |
| <input type="checkbox"/> 9 Week Program Commitment          | <input type="checkbox"/> Copy of High School Diploma or TASC           |

## Interests/Skills/Abilities

List Any Special Vocational Skills: \_\_\_\_\_  
List Any Construction Work Interests: \_\_\_\_\_  
List Any Construction Based Worked You Have Performed In The Past: \_\_\_\_\_  
List Any Vocational Certifications You Have Received in the Past Two Years: \_\_\_\_\_  
Do You Have Basic Computer Skills?  Yes  No  
Available Daily 8am to 5pm  Yes  No  
Have Adequate Child-care  Yes  No  
Do You Have Physical Restrictions?  Yes  No If Yes, Describe (Can't Lift, Color-blind, Etc.): \_\_\_\_\_  
Why Should You Be Selected for This Training Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Work and Volunteer Experience

Please list your most recent work and or volunteer experience in the table below. List additional jobs on a separate sheet or attach a resume if you have one.

Job Title	Employer Name	Start/End Dates	Describe Duties	Reason for Leaving
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				

## Training Program Agreement

**Training Applicant:**

*I have answered truthfully. If I have given any false information, I understand that I may be terminated from the training program. Additionally, I agree to allow my recorded image or voice to be used for program promotional materials, and understand that I will not be compensated should this occur. I understand that all applicants must participate in a selection process, which will include training, TABE-Testing and a career assessment to determine readiness for the 9-week training program. I must be dressed appropriately for all appointments and interactions with the training or on the job work-sites. If I move or my telephone number changes, it is my responsibility to let the program office know. I understand that the REJOB Training Program is not a job placement program. There is no guarantee of employment at the end of training.*

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This project has been funded, wholly or in part, by EPA

