



Answer questions completely except for those which do not apply. Information is kept confidential. By enrolling in this program, I grant permission to share my information with the Department of Labor, Licensing and Regulation (DLLR). This program reserves the right to check the accuracy of the information below.

Class Start Date _____

Class Completion Date _____

Participant Follow Up Date (90 days after completion date) _____

SECTION I: PERSONAL INFORMATION

Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apartment Number _____

City _____ State _____ Zip Code _____ County _____

Social Security Number (Required) _____ - _____ - _____

Date of Birth _____ - _____ - _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Email Address _____ Do you check email often? Yes _____ No _____

Race (please check all that apply)

White _____ Black or African-American _____ Asian _____ Hispanic _____

Hawaiian or Other Pacific Islander _____ American Indian or Alaska Native _____

Other (please specify) _____

Gender _____

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National Origin _____

Have you served or are you currently serving in the military? Yes _____ No _____

Is your spouse currently serving or has he/she previously served in the military? Yes _____ No _____

Are you currently receiving funding for training from any other source? Yes _____ No _____

SECTION II: EDUCATIONAL BACKGROUND

Highest Educational Attainment (upon enrollment)

None _____ Elementary _____ Middle _____ Some High School _____

High School Diploma or Equivalent _____ Some College No Degree _____

Associate’s Degree _____ Bachelor’s Degree _____ Master’s Degree _____

Professional Degree _____ Doctorate _____

Do you currently hold an Industry Recognized or Defined Certification/Credential? Yes _____ No _____

SECTION III: EMPLOYMENT INFORMATION

Are you currently employed? Yes, full time _____ Yes, part time _____ No _____

Are you currently receiving Unemployment Insurance benefits? Yes _____ No _____

Please provide your current, or most-recent, employment information.

Name of Employer _____

Address of Employer _____

Job Title _____

Dates of Employment _____

Hourly Wage _____ Average number of hours worked per week _____

Did you receive any type of benefits (health insurance, pension, sick leave, etc)? Yes _____ No _____

If yes, please specify: _____

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Additional Skills/Abilities

Please list any additional skills, talents or hobbies you have:

Section IV: EMERGENCY CONTACTS

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Nature of Relationship _____

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Nature of Relationship _____

Section V: CONSENT

This program is funded by the State of Maryland’s EARN Maryland Grant Program, administered by the Maryland Department of Labor, Licensing and Regulation (DLLR). As a recipient of EARN Maryland funds, this program is required by law to collect certain demographic information from training participants and to provide such information to DLLR for reporting purposes. Any demographic information provided to DLLR will not contain personal identifiable information. By enrolling in this program, I grant permission to share my demographic information with DLLR. This program reserves the right to modify this privacy statement at any time. Substantial changes to this clause will be publicized to you and also displayed as a prominent notice on our website. The conditions outlined in this letter have been explained to me in an individual meeting and I understand and agree with these conditions.

Signature **Date**

For internal use only: Participant Identification Number: _____
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