

# Inquiry & Eligibility Form

**Bureau of Employment Skills Training**  
 Central Public Library, Rundel Memorial Building, 3<sup>rd</sup> Floor  
 115 South Avenue, Rochester, New York 14604  
 Office: (585) 428-6342 Fax: (585) 428-6395 Email: otr@cityofrochester.gov

*Instructions: Please complete this form to determine your eligibility for OTR employment training and/or preparation services. Applicants who are deemed ineligible at this time will be referred to an appropriate community agency by a Connections Coordinator.*

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Are you over 18 years old:  YES  NO    SEX:  M  F    Email: \_\_\_\_\_  
 Cell Phone #: (\_\_\_\_) \_\_\_\_\_    Other Phone #: (\_\_\_\_) \_\_\_\_\_    Description: \_\_\_\_\_  
 Preferred Method of Contact:  Mail     Phone     Email  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Are you a veteran?  YES  NO    How did you hear about OTR? \_\_\_\_\_

## Candidate Background

**Do you possess any of the following? Indicate (x) any/all that apply:**

High School Diploma/GED/TASC                       College \_\_\_\_\_  
 Valid NYS Driver's License                               Currently Employed \_\_\_\_\_  
 Owns a Registered Vehicle                               Vocational Training \_\_\_\_\_  
 Explain: \_\_\_\_\_

## Community Based Needs & Assistance

**Are you in need of any of the following? Indicate (x) any/all that apply:**

Educational/Vocational Services                       Mentorship                               Shelter Assistance  
 Career Planning     Health Insurance Services                       Other  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Current Community Assistance? Indicate (x) any/all that apply:

DHS Food Stamps/SNAP                                       Probation/Parole Mandates  
 DHS Cash Assistance/Medicaid                               Pending Court Procedures  
 Federal SSI/SSDI Collections                               **Registered For Any Offenses**  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Career & Vocational Interests

**Are you interested in any of the following? Indicate (x) any/all that apply:**

General Employment                                       Environmental Cleaning                               Remediation & Mitigation  
 Environmental Construction                               Manufacturing & Machinery                               Healthcare Careers  
 **Available for a 5-day Consecutive Training**                               Other  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only**

**Eligibility for Employment Training Services:** \_\_\_\_\_

**Community Connections Referral(s):** \_\_\_\_\_

**Resource(s)/Advocacy Provided:** \_\_\_\_\_

**OTR COR Website Outreach:** \_\_\_\_\_