

City of Rochester: Environmental Job Training Program- Application Form

We appreciate your interest in the REJOB Training Program. Applicants ages 21 and over should submit applications in person to the Bureau of Equipment Services, **945 Mt. Read Boulevard, Building 100, Rochester, NY 14606 between the hours of 9am to 4pm.** 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 Explain _____

Education

Have you completed school with a High School Diploma? ☐ YES ☐ NO
What is the highest grade you completed? ☐ Didn't Finish ☐ High School ☐ TASC ☐ College ☐ Advanced Degree

Licenses/ Permits/ Certifications

Do you have? (Failure to provide NYS DMV# will result in automatic application disqualification)

Valid NYS driver's license ☐ YES ☐ NO DMV# ____/____/____
Any DMV infractions (violations) in the last 24 months? ☐ YES ☐ NO
* CPR Certification ☐ YES ☐ NO Exp. Date ____/____/____
* First Aid Certification ☐ YES ☐ NO Exp. Date ____/____/____
Other _____

**Please attach copies of these certifications along with copies of vehicle registration to application or resume*

Training Program Criteria

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

- ☐ Valid NYS Driver's License (No Tickets/Not Suspended) ☐ Able to pass drug/alcohol testing & physicals
☐ Registered vehicle for daily transportation (Provide Proof) ☐ Proficient in math & science
☐ 9 Week Program Commitment (Cannot miss a day) ☐ 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? _____

Continues On Other Side >>>>>

City of Rochester: Environmental Job Training Program- Application Form

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 & Commitment Signature

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

CWS-18

