

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: _____
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? _____

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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				

Training Program, Disclosure Agreement & Commitment

Training Applicant:

I confirm that I understand and accept that there is an increased risk of contracting the COVID-19 virus in the City of Rochester, County of Monroe. I fully understand and acknowledge any risks and cautions regarding enrollment and voluntary participation in the REJob 2.0 environmental training program and agree to fully disclose any symptoms or illnesses related to Covid-19 in whole or in part. Therefore, I understand and accept the additional risk of contracting COVID-19. I also acknowledge that I could contract the COVID-19 virus from outside the environmental training program and unrelated to my participation. I have answered all above questions truthfully. If I have given any false information, I understand that I may be terminated from the program. 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 and safely for all appointments and interactions with the training or on any on the job work-sites. If I move or my telephone number changes, it is my responsibility to let the program manager know. ***I understand that the REJob Training Program only and does not serve as an employment placement program. There is no guarantee of employment at the end of the program training.***

X

Signature

Date

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

* BJT`021