





CONFIDENTIAL DATA: FOR OFFICIAL USE ONLY				
1. FIRST NAME MIDDLE N	AME	LAST NAME		
2. DATE OF BIRTH		3. SOCIAL SECURITY NUMBER		
//				
Month Day Year				
4. EMAIL ADDRESS		5. PHONE NUMBER		
		()		
6. STREET ADDRESS				
7. CITY/TOWN		8. STATE MASSACHUSETTS	9. ZIP CODE	
10. WHAT IS YOUR CURRENT EMPLOYMENT STATUS?		11. IF UNEMPLOYED, HOW MANY V	VEEKS	
EMPLOYED UNEMPLOYED		HAVE YOU BEEN UNEMPLOYED DURING THE LAST YEAR?		
12. DO YOU HAVE A VALID MA DRIVERS LICENSE?		13. DO YOU HAVE A RELIABLE MEA	NS OF TRANSPORTATION?	
YES NO		YESNO		
14. DO YOU HAVE ANY AREAS OF CONCERNS/ OBSTACLES THAT MAY PREVENT YOU FROM SUCCESSFULLY COMPLETING THE GRANT PROGRAM?				
YES NO				
IF YES, PLEASE EXPLAIN:				
IF YOU ARE CURRENTLY EMPLOYED, PROVIDE INFORMATION	I ON CURRENT J	IOB. IF YOU ARE UNEMPLOYED, PLEAS	E SKIP TO QUESTION #18	
15. NAME OF EMPLOYER		16. EMPLOYER'S CITY/TOWN		
17. DESCRIBE YOUR EMPLOYER'S TYPE OF INDUSTRY OR WHAT YOUR COMPANY DOES.				
18. JOB TITLE / DESCRIPTION		19. HOURLY WAGE (\$/HOUR)	20. AVERAGE HOURS PER WEEK	
		\$	·	
21. ARE YOU A CURRENT/FORMER FOSSIL FUEL WORKER? YES NO				
FOR THE FOLLOWING QUESTIONS: IF YOU CHOOSE NOT TO ANSWER A QUESTION, PLEASE CHECK PREFER NOT TO DISCLOSE				
22. I IDENTIFY MY GENDER AS	23. I IDENTIF	Y MY ETHNICITY AS		
MALEFEMALENON-BINARY	HISI	PANIC OR LATINO (OF ANY RACE)	NOT HISPANIC OR LATINO	
PREFER NOT TO DISCLOSE		PREFER NOT TO DISCLOSE		

		MASSACHUSETTS CLEAN ENERGY CENTER®
ASIAN BLACK / AFRICAN AMERICAN PREFER NOT TO DISCLOSE	APPLY) ENATIVE HAWAIIAN / PACIFIC ISLANDER SOME OTHER RACE TRIBE MEMBERSHIP?YESNO	25. DO YOU HAVE A DISABILITY? YESNOPREFER NOT TO DISCLOSE
26. CITIZENSHIP US CITIZEN WORK ELIGIBLE NON-CITIZEN	27. WERE YOU BORN IN THE UNITED STATES?YESNO	28. VETERAN STATUS GULF WAR ERA VETERAN OTHER VETERAN NONE
29. PRIMARY LANGUAGE SPOKEN AT HOME? ENGLISH (Skip to #27)	30. IF NOT ENGLISH, WHAT IS YOUR PRIMARY LANGUAGE?	31. UNEMPLOYMENT INSURANCE STATUS U.I. CLAIMANT U.I. EXHAUSTEE NEITHER

26.	CITIZENSHIPUS CITIZENWORK ELIGIBLE NON-CITIZEN	27. WERE YOU BORN IN THE UNITED STATES? YESNO	28. VETERAN STATUS GULF WAR ERA VETERAN OTHER VETERAN NONE		
29.	PRIMARY LANGUAGE SPOKEN AT HOME? ENGLISH (Skip to #27) OTHER (Complete #26)	30. IF NOT ENGLISH, WHAT IS YOUR PRIMARY LANGUAGE?	31. UNEMPLOYMENT INSURANCE STATUS U.I. CLAIMANT U.I. EXHAUSTEE NEITHER		
32.	ARE YOU RECEIVING ANY OF THE FO	LLOWING PUBLIC ASSISTANCE BENEFITS? YES (CHEC	K ALL THAT APPLY) NO		
	TAFDC (TRANSITIONAL AID TO FAMILIES) EAEDC (EMERGENCY AID) WIC NUTRITION PGM				
	SNAP (SUPPLEMENTAL NUTRITION ASST) SSDI (SOCIAL SECURITY DISABILITY) VETERAN'S CASH BENEFITS				
	SSI (SUPPLEMENTAL SECURITY INCOME) MASSHEALTH REFUGEE CASH ASSISTANCE				
33. DO YOU RECEIVE A HOUSING SUBSIDY?YESNO IF YES, WHAT TYPE OF HOUSING SUBSIDY DO YOU RECEIVE? (CHECK ALL THAT APPLY) MASSACHUSETTS RENTAL VOUCHER PGM (MRVP) FEDERAL SECTION 8 VOUCHER PGM NOT SURE OF SOURCE SUBSIDIZED UNIT FROM STATE PUBLIC HOUSING SUBSIDIZED UNIT FROM FEDERAL PUBLIC HOUSING					
34. DO YOU RECEIVE A CHILDCARE SUBSIDY? YES NO					
IF YES, WHAT TYPE OF CHILDCARE SUBSIDY DO YOU RECEIVE? (CHECK ALL THAT APPLY)					
	EEC (DEPT OF EARLY EDUCATION AND CARE) DCF (DEPT OF CHILDREN AND FAMILIES) NOT SURE OF SOURCE				
	DTA (DEPT OF TRANSITIONAL ASSISTANCE) HEAD START				
35.	FAMILY SIZE – Include yourself (not less than 1)	6. YEARLY FAMILY INCOME \$0 - \$27,000 \$46,001 - \$55,500 \$ \$27,001 - \$36,500 \$55,501 - \$65,000 \$ \$36,501 - \$46,000 \$65,001 - \$74,500	\$84,001 - \$93,500		



37. SELECT HIGHEST LEVEL OF SCHOOLING THAT YOU HAVE COMPLETED		38. ARE YOU A SINGLE PARENT?		
LESS THAN HIGH SCHOOL DIPLOMA	ASSOCIATE'S DEGREE	YES NO		
	BACHELOR'S DEGREE	123100		
HIGH SCHOOL DIPLOMA	MASTER'S DEGREE AND ABOVE			
SOME COLLEGE, NO DEGREE	OTHER POSTSECONDARY TRAINING			
IF HIGH SCHOOL GRADUATE, WHAT YEAR DID YOU GRADUATE?				
I hereby certify and attest that the information stated above is true and that misrepresentations of my eligibility may result in expulsion from the program. I acknowledge that the information on this application may be used for evaluation purposes by UCT ADULT ED and MASCEC.				
MASCEC.				
MASCEC. APPLICANT SIGNATURE	DATE			
APPLICANT SIGNATURE EQUAL OPPORTUNITY EMPLOYER/PROGRAM - AUXILIA		UEST TO INDIVIDUALS WITH DISABILITIES		
APPLICANT SIGNATURE		UEST TO INDIVIDUALS WITH DISABILITIES		
APPLICANT SIGNATURE EQUAL OPPORTUNITY EMPLOYER/PROGRAM - AUXILIA	RY AIDS AND SERVICES ARE AVAILABLE UPON REQ	UEST TO INDIVIDUALS WITH DISABILITIES		
APPLICANT SIGNATURE EQUAL OPPORTUNITY EMPLOYER/PROGRAM - AUXILIA STAFF USE ONLY PROGRAM ENROLLMENT DATE: /	RY AIDS AND SERVICES ARE AVAILABLE UPON REQ	UEST TO INDIVIDUALS WITH DISABILITIES ROGRAM TRAINING COHORT #:		



Participant Confidentiality Statement and Release Form		
I,		
(Print your name)		
understand that Massachusetts Clean Energy Center program I am about to enter through the Upper Cap Continuing Education. UCT Adult and Continuing information for the MassCEC, needs information about training classes to be able to report on how well the pits goals.	e Cod Regional Technical School Adult and ng Education, which oversees the gran ut the training program and people attending	
I understand that all information I give project staff about only for programmatic, aggregate reporting purposes program including registration with the correlated Castaff may ask my employer for details about my job confidential. Any other information about me, succounselors, or other sources, will also be kept confidential and Continuing Education staff to report on the connected to my name may not be given to anyone else	s, or to determine eligibility for a particular areer Center. I also understand that project or pay and that this information will be kep the as interviews, tests, reports from career idential and only used by Upper Cape Tech ne whole program. Any information or data	
As part of the training program funded by the M understand that UCT Adult and Continuing Educatio me and my participation in the program. I have rea UCT Adult and Continuing Education permission to my employer to release job or wage information according	n will collect confidential information about d and understood the above statement, give collect and use my information, and permit	
I understand that by providing my social security n Continuing Education permission to obtain inform understand that this information will only be used evaluate the projects and that my identity (name, ad obtained by the state.	nation on the results of the Initiative. It obtain state employment information to	
(Sign your name)	(Date)	