

# U.S. Department of Labor funded Bioscience Grant Program Application

DATE \_\_\_\_\_

## Demographics:

Name \_\_\_\_\_ Age Range: (Circle one)  
Address \_\_\_\_\_ under 18                      18--24                      25--34 City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_                      35-44                      45-54                      55 and older  
E-mail \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Home tel. number \_\_\_\_\_ Student College ID # \_\_\_\_\_  
Cell tel. number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) ..... ( \_\_\_/\_\_\_/\_\_\_)

## Please Circle All that Apply

Are you a Veteran? Yes No    Are you disabled? Yes No    Gender? Male Female  
Limited English Proficiency? Yes No    U.S. Citizen status? Yes No    Permanent Resident? Yes No

**Race/Ethnicity:** \_\_\_\_\_ American Indian/Alaskan Native    \_\_\_\_\_ Asian    \_\_\_\_\_ Black/African American    \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ White/Non Hispanic    \_\_\_\_\_ Pacific Islander    \_\_\_\_\_ More than One Race

## Employment:

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Brief Job Description \_\_\_\_\_  
# of Hours Worked Weekly \_\_\_\_\_ Wage \$ \_\_\_\_\_/hr

**Qualification:** \_\_\_\_\_ Incumbent Worker    \_\_\_\_\_ Under Employed    \_\_\_\_\_ Unemployed  
\_\_\_\_\_ Displaced Worker    If displaced, were you impacted by the automotive restructuring? Yes No

## Education

Check all that apply:                      List the school from which the diploma/degree was issued  
\_\_\_\_ High School Diploma                      \_\_\_\_\_  
\_\_\_\_ GED                      \_\_\_\_\_  
\_\_\_\_ 1-3 Years of College/Vocational Training                      \_\_\_\_\_  
\_\_\_\_ Associate Degree                      \_\_\_\_\_  
\_\_\_\_ Baccalaureate Degree                      \_\_\_\_\_  
\_\_\_\_ Advanced Degree                      \_\_\_\_\_  
Are you currently in school? Yes No    If yes, list school \_\_\_\_\_  
Major Course of Study \_\_\_\_\_

**A drug test will be required and will be paid by the student at a cost of approx. \$40 at the drug screen service of Cincinnati State Technical and Community College choice. If the drug test comes back as negative (no illegal substance found) a local and national background check will be required to search for misdemeanor and felony convictions. The fee will be paid by Cincinnati State.** This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This solution is copyrighted by the institution that created it. Internal use by an organization and/or personal use by an individual for non-commercial purposes is permissible. All other uses require the prior authorization of the copyright owner.

**Name (please print)** \_\_\_\_\_ **Signature** \_\_\_\_\_

**PLEASE NOTE: Grant recipients must be United States Citizen. I attest that the information provided on this application is to the best of my knowledge thorough and accurate.**

# Bioscience DOL Grant Program Application

Name \_\_\_\_\_

## For Office Use Only

Placement Tests Administered:

Score

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-Requisite Courses Taken (if applicable)

Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Background Check \_\_\_\_\_ Drug Screen \_\_\_\_\_

## Enrollment Into Training Program

Enrollment Date into Program \_\_\_\_\_

Certificate \_\_\_\_\_

Certificate Completion Date: \_\_\_\_\_

Associate Degree \_\_\_\_\_

Associate Degree Completion Date: \_\_\_\_\_

Lab Skills: \_\_\_\_\_

Lab Skill Completion Date: \_\_\_\_\_

## Job Experience (If applicable)

Job Experience Placement Date \_\_\_\_\_

Employer \_\_\_\_\_

Contact Name/HR \_\_\_\_\_

Type of Experience: \_\_\_\_\_ On-the-Job Training \_\_\_\_\_ Apprenticeship \_\_\_\_\_ Pre-Apprenticeship

## Job Placement

Job Placement Date \_\_\_\_\_

Employer \_\_\_\_\_ NAICS \_\_\_\_\_ Contact Name/HR \_\_\_\_\_

Date of Placement \_\_\_\_\_ Wage \_\_\_\_\_ Hiring Status Full Time Part Time

## Exiting

Exiting Date \_\_\_\_\_

Quarter Exited from Program \_\_\_\_\_

8.09.10 CSTCC V F (6)