Identity			
If you require special assistance	or accommodations please contact the	Center for Disability Services	at 708-974-5711.
1. Please provide th	e following information:		
First Name:			
Last Name:			
Mailing Address:			
City:			
State:			
Zip Code:			
County:			
Primary Phone:			
Email Address:			
2. Alternative Phone	e Number and Email		
Phone:			
Email:			
3. When is your birt	hdata?		
J. Wileli is your birt	Month	Day	Year
Date of Birth		■	1 ou
24.0 0. 2	_	_	

Private Information
Please provide the following personal information. This information will be kept strictly confidential and used only for the purpose of verifying academic records and employment information.
4. What is your Social Security Number (Just the number, no dashes)?

Characteristics
5. What is your gender?
C Female
C Male
6. Do you describe yourself as Hispanic or Latino?
C Yes
O No
7. Which race best describes you? (Select all that apply.)
□ White
Black or African American
American Indian/Alaskan Native
Asian
Native Hawaiian/Other Pacific Islander

8. V	What is the highest level of education you have completed?
0	Some High School
0	Some College
0	High School Diploma/GED
0	Post-Secondary Vocational/Skills Credential
0	Associates Degree
0	Bachelor's Degree
0	Master's Degree
9. [Do you have limited English speaking, writing, or reading ability?
0	Yes
0	No

Education

Military History			
10.	Are you a Veteran?		
0			
0			
0	Spouse of a Veteran		

Employment Status		
11. Are you currently employed?		
C Yes		
C No		
C Yes, but I have received a Notice of Termination		

12.	Select the response that best describes your situation.
0	I am eligible for and claiming Unemployment Benefits
0	I have exhausted my Unemployment Benefits
0	The job I have been terminated from (or have received a Notice of Termination) is an Unemployment Benefits covered job
0	The job I have been terminated from (or have received a Notice of Termination) is not an Unemployment Benefits covered job and I am
looki	ing for work
0	None of the above
0	Other (please specify)

13. Where are you currently employed?				
14. What is your current occupation?				
15. Current Wage I	nformation			
Hourly Wages or Annual Gross Salary				
lours Worked per Week				

16. Are you TAA eligible?	
○ Yes	
© No	
C Do Not Know	

Training Goals	
17. Describe your enrollment plan.	
Full Time Student (enrolled in 12 credit hours or more)	
Part Time Student (enrolled in less than 12 credit hours)	
Other (please specify)	
18. What is your educational goal?	
C Certificate	
O Degree	
C Undecided	
19. Describe your program of study.	
Networking & Cyber Security	
Programming	
☐ GIS	
Other (please specify)	

Networking & Cyber Security Programs 20. Which programs do you intend to complete? Please check all that apply. Computer Support Associate (CERT 1348) Computer Technitician (CERT 1418) Cisco Network Associate (CERT 1447) Network Security Associate (CERT 1360) Computer & LAN Technician (AAS 1416) ☐ Voice & Data Specialist (AAS 1435) ☐ IT Security Specialist (AAS 1420) Other (please specify)

Programming Programs 21. Which programs do you intend to complete? Please check all that apply. ☐ Small Database Administration (CERT 1380) ☐ Database Administration Skills (CERT 1381) Associate Database Administrator (CERT 1345) Programming Skills (CERT 1382) iPhone Programmer (CERT 1383) Android Programmer (CERT 1384) iPhone Developer (CERT 1343) Android Developer (CERT 1347) ☐ Mobile Application Developer (CERT 1385) ☐ Management Information Systems (AAS 1206) Other (please specify)

GIS Programs	
22. Which programs do you intend to complete? Please check all that apply.	
GIS Technician Certificate (CERT 1373)	
GIS Specialist Certificate (CERT 1372)	
GIS Professional Certificate (CERT 1379)	
☐ GIS (AAS 1371)	
Other (please specify)	

Signature			
23. I certify that the information provided is true to the best of my knowledge. I authorize Moraine Valley Community College DOL Grant Staff to release information about me strictly for the purposes of obtaining employment and wage data information necessary to the completion of the grant objectives. My electronic signature on this application documents my agreement to all the aforementioned and my commitment to the program.			
Name			
Date			

Thank you for completing the NISGTC Participant Application. One of our Career Coaches will be in touch with you to discuss additional documenation that may be required. If you have any questions about this survey or about the NISGTC Program, please contact:

The DOL Grant Student Success Team 708-608-4241 dolstudentsuccess@morainevalley.edu

Moraine Valley Community College is committed to a policy of according no preference to persons on the basis of race, color, age, sex, religion, national or ethnic origin, disability, creed, ancestry, marital status, sexual orientation, arrest record, military status or unfavorable military discharge, citizenship status, or other legally protected characteris-tics or conduct in its educational programs, activities, or employment practices. Such discrimination is prohibited by Titles VI and VII of the Civil Rights Act, Title IX of the Educational Amendments, Sections 503 and 504 of the Rehabilitation Act of 1974, the Age Discrimination Acts of 1974 and 1975, and other federal and state statutes and regulations. This commitment applies in all areas to students and college personnel as well as to relevant aspects concerning the choice of contractors and suppliers of goods and services and to the use of college facilities. More specifically, in its employment practices, Moraine Valley Community College continually seeks to employ and promote the best qualified individuals while endorsing the principles of Affirmative Action as prescribed in the President's Executive Orders #11246 and #11375, as well as all federal and state laws regarding equal employment opportunity.

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