



Participant Form

1. Participant Information

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security Number: _____ Student ID: _____

Birth Date: _____ Age: _____

2. Alternate Contacts

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

3. Characteristics

U.S. Citizen: Yes No

Ethnicity: Hispanic/Latino Non- Hispanic/Latino

Race: White Asian Black or African American

Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native



Do you have limited English speaking, writing, or reading abilities? Yes No

4. Education Background (Select Highest Level Completed)

- Some High School High School Diploma/GED Some College
 Associate's Degree Bachelor's Degree Master's Degree

List special courses taken or certifications: (Military, Vocational, or Technical)

First Generation college student? Yes No

How would you best describe your computer skills? Beginner Intermediate Advanced

5. Military History

- Are you a Veteran? Eligible for Veteran's benefits Not a veteran
 Eligible for military/ veteran spouse or dependent benefits

6. Criminal History

Have you ever been convicted of a felony? Yes No



7. Employment Study (Select the one that best describes your current status)

- Employed Underemployed Self Employed Not Employed
- Employed but received Notice of Termination/ Layoff Not in Labor Force
- Dislocated (Receiving Unemployment Benefits)

Have you ever been employed? Yes No

(Complete if you are currently employed)

Current Employer: _____

Job Title: _____

Start Date (MM/YEAR): _____

Hourly Wage: \$ _____ Hours per week: _____

*(Complete if you are **not** currently employed)*

Last Employer: _____

Job Title: _____

Start Date (MM/YEAR): _____

Hourly Wage: \$ _____ Hours per week: _____

Unemployment Compensation Status: *(Select the one that best describes your current unemployment compensation insurance (UI) status.)*

- I am eligible and claiming UI I have exhausted my UI I am not eligible for UI
- The job that I have received a Notice of Termination is a UI Covered Job
- None of the above

Unemployment Wage: _____

Are you Eligible for Trade Adjustment Assistance? Yes No



8. Financial Assistance

Have you completed the FAFSA? Yes No

Have you applied for assistance with a sponsor? (E.g. Workforce, Veterans Affairs, Cherokee Nation, etc)

Yes No

Are you interested in additional options for financial assistance? Yes No

9. Education/Training Goals

Enrollment Plan: Full Time Part Time

Program: _____

What is your education goal? Certificate Degree Undecided

If you are pursuing the CPT Certification, please indicate which class time you prefer:

Morning Afternoon Evening

What Interests you about this program of study?

What type of job do you hope to obtain after completing your training?

How did you learn about the program?

Advertisement Career Fair Recruiter Word of Mouth

Workforce Center- Please indicate which one: _____

Other _____

Applicant Signature: _____ **Date:** _____



Release of Information

In accordance with Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USC 2372-2372A. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit of privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties. I attest that the information I have provided is to the best of my knowledge complete and accurate.

By signing this form, I understand...

- Any information obtained will be kept confidential and only be utilized for evaluation and reporting purposes.
- Grant staff may contact me in regard to services they may be able to provide, and/or to obtain information the U.S Department of Labor (DOL) requires for reporting purposes.
- I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released.
- This consent expires one year after program participation ends or at the end of the grant program period, whichever comes first.
- I authorize my college (Oklahoma State University Institute of Technology MidAmerica Industrial Park), grant staff, and the DOL to share information about me including, but not limited to my grades, classes, Social Security Number, address, e-mail and other information on this form in order to provide grant-funded services.
- I give my permission for third parties, including but not limited to my current and former employer(s), and state and/or federal agencies, to release information to Oklahoma State University Institute of Technology MidAmerica Industrial Park, third-party evaluator, Corporation for a Skilled IMPAQ Workforce, and any funding sponsor regarding my employment, including place of employment, dates of employment, and wage data, as required by the DOL to fulfill grant reporting requirements. These agencies may include the Department of Employment and Economic Development, Workforce Center, and other agencies that collect and maintain Unemployment Insurance Wage data under the Workforce Investment Act and/or Employment and Wage information under the Fair Credit Reporting Act. I understand that I have asked for these data, tied to my Social Security Number, to be released and that these data are classified as private. Oklahoma State University Institute of Technology Mid America Park and Corporation for a Skilled IMPAQ Workforce evaluators will treat the data as required by the state of Oklahoma and federal laws.

I attest that the information I have provided is true and correct to the best of my knowledge and that if no source documentation is provided, either none existed or it was not reasonably attainable. Additionally, if provided, I have provided my Social Security Number voluntarily.

- For additional information please contact: OSUIT-MAIP, Pryor, OK (918) 825-4678
- Oklahoma State University Institute of Technology MidAmerica Industrial Park does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in employment or the provision of services.

Student Signature: _____ **Date:** _____

This program at OSUITMAIP IS FUNDED BY A GRANT AWARDED UNDER THE President’s TAACCCT grant program as implemented by the U.S DOL’s Employment and Training Administration. The activities and solutions are offered/created by the grantee and do not necessarily reflect the official position of the DOL. The DOL makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. The 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.

Glossary for Participant Intake form

Some College: Use this level of educational attainment if have completed college-level courses at a post-secondary institution but have not earned any certificates or degrees beyond high school diploma or GED.

Eligible for Veteran's benefits: A person is considered eligible for Veteran's benefits if they meet one of the following conditions.

1. Is a person who served on active duty in the armed forces for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.
2. Is a person who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 12301 (a), (d), or, (g), 12302 or 12304 of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge; or
3. Is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from as service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

Eligible to receive TAA benefits: A person is eligible to receive Trade Adjustment Act (TAA) benefits if they are a dislocated worker (see above) who previously worked for an employer whose closure or layoffs were certified by the U.S. Department of Labor to have been caused by foreign competition. People generally find out whether they are eligible for TAA benefits from their prior employer, their union, or a One-Stop workforce center.

Eligible to receive a Pell Grant: A person is considered eligible to receive a Pell grant if they can demonstrate "sufficient financial need" and are enrolled in an eligible college. The guidelines for "sufficient financial need" are complex, so eligibility is determined by filing a Free Application for Federal Student Aid (FAFSA).

Individual with a disability: Individual who has a physical or mental impairment that substantially limits one or more of the person's major life activities.

Dislocated worker: A person is considered a dislocated worker if he or she: is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation; has been laid off or received a lay-off notice from a job; was self-employed but is now unemployed due to economic conditions or natural disaster; or is a displaced homemaker. (A displaced homemaker is generally a person who previously provided unpaid services to the family, is no longer supported by the husband or wife, is unemployed, and is having trouble finding or upgrading employment). If a person quits work, generally he or she is not considered a dislocated worker even if, for example, the person is receiving unemployment benefits.

Employed: A person who is currently works for pay.

Unemployed: A person is considered unemployed if they do not have a job and are actively looking for work or if they are temporarily laid off from a job. It is not necessary to be receiving unemployment benefits to be considered unemployed.

Selective Service: Unless as is an exception noted on attached chart, all male U.S. citizens born after December 31, 1959, who are 18 but not yet 26 years old, must register for Selective Service.