

Dear **FastPath** Partner;

We are reaching out to you to discuss the opportunities the **FastPath** program can provide your customers. We are very excited about this initiative and look forward to partnering with you to assist individuals into short-term skills training in an in-demand career. The **FastPath** program is a short-term, certification program that leads to entry level employment opportunities. Enclosed you will find a program brochure that contains more details about the **FastPath** program.

Making a Recommendation

Eligibility:

- Unemployed or underemployed resident of the City of Columbus
- 18 Years of age or older
- Holds a High School Diploma or GED (and scores at the 9th grade proficiency level)
- Eligible to work in the U.S.A.
- Pass a background check and drug test (no felonies)
- Holds customer service certificate or comparable experience
- Recommended by a workforce partner

Suitability:

- Shows initiative and follow through on requests
- Good attendance
- Interest and commitment to training and employment
- Is Job Ready
- Minimal barriers to employment, or willing and able to address these barriers prior to training
- Positive attitude, respectful and willing to learn

In addition to your screening, please utilize the enclosed recommendation checklist to identify possible participants. To make a recommendation for the **FastPath** program, please email or fax the Recommendation Checklist along with the supporting documentation, and a signed release of information to:

[REDACTED]

If you or your staff has any questions, or if you would like for us to present on this exciting new program, please contact us. We look forward to working with you soon!

Regards,

The **FastPath** Staff

Recommendation Checklist

Date: _____	Name: _____
Address: _____	
Phone Number: _____ Alt. Phone Number: _____	
Email Address: _____	
Social Security Number: Social Security Card Other: _____	Age: (Must be 18 years of age or older) Driver's License State of Ohio ID Other: _____
Authorized to Work in the U.S.: Social Security Card Self-Attestation Birth Certificate Other: _____	Barriers Assessment: Has Transportation o Method: _____ Has Childcare N/A Able to Complete Training and Work Fulltime
Employment Status: Unemployed Underemployed	TABE Score: _____ Career Assessments Received: _____
Customer Service or Comparable Experience: Yes No	Education Status: High School Diploma GED Interested in getting GED Other: _____
Known Criminal Background: Felony(s) Misdemeanors (s)	
Suitability: 	
Recommended By	
Agency: _____	
Name: _____	
Email: _____	
Telephone Number: _____	

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FastPath

Application

LAST NAME: _____ FIRST NAME: _____

APPLICATION DATE: _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt.#

City State Zip Code County

Home Phone: _____ **Alternate Phone:** _____

E-Mail Address: _____

Social Security Number: _____ **Birth Date:** _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt.#

City State Zip Code County

Home Phone: _____ **Alternate Phone:** _____

Identifying Information

Select your gender: Male or Female

Select your age range: 18-24 25-34 35-44 45-54 55+

Select your race / ethnic group: American Indian or Alaskan Native Asian
 Black or African American Hispanic or Latino Native Hawaiian or
Pacific Islander White More than one race

Are you a United State citizen? Yes No

if no, are you authorized to work in the U.S.? Yes No
if yes, you must provide documentation

Select your highest level of secondary school: 9th grade 10th grade
 11th grade 12th grade

Do you have a: High School Diploma GED Neither

If you do not have a high school diploma or GED, would you like help obtaining a GED? Yes No

Post- Secondary Education: None Short-term certificate(s)
 Some College w/ No Certificate(s) or Degree 1-3 years of College w/ Certificate
 Associate's Degree Bachelor's Degree Graduate Degree
 Other Degree

Do you have limited English? Yes No

Do you have a disability? Yes No

A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Are you a veteran? Yes No

If you are claiming Veteran Status, you must provide us a copy of your Honorable Discharge papers

Are you a spouse of a veteran? Yes No

What is your employment status?

- Unemployed for 6 months of less
- Unemployed for greater than 6 months, but less than 1 year
- Unemployed for more than 1 year
- Currently employed as a temporary employee
- Currently employed as a part time employee
- Currently employed as a full time employee.

If Currently Employed:

Company Name: _____

Job Title: _____ Hourly Wage: _____ Hours Per Week _____

How did you hear about our program?

- COWIC- OhioMeansJobs
- Columbus Urban league
- Franklin County Job & Family Services
- Godman Guild
- Goodwill
- Henkels & McCoy
- IMPACT
- Jewish Family Services
- New Directions
- Job Fair
- Employer: _____
- Other: _____

Policy and Procedure Acknowledgments

Attendance Policy: Attendance policy is dictated by the instructor. If you are going to be late or absent, you must inform the instructor ahead of time. It will be at the discretion of the instructor to decide what is acceptable. You must be present from the beginning to the end of each class session. If you are 5 minutes late, **you will be considered absent, unless prior instructor notification is provided.** Failure to call the instructor and report an absence or tardiness three times will result in removal from the program. **** Each career track will have additional attendance requirements that may be more restrictive than the above expectations.****

Do you understand and agree to follow the classroom attendance policy? Yes No

Future Contact: Upon completion of the program and extending for a 12-month period, you will be required to participate in surveys about your employment status. In addition to questions about employment retention and changes you will agree to provide constructive feedback throughout the entire training process and during the survey period. You are responsible for maintaining current contact information with the Fast Path staff.

Do you understand and accept the future contact terms? Yes No

Employment: This program is intended to provide training, certification and job placement assistance. **Completion of the program does not guarantee employment.**

Do you understand this program is only a training program and there is no guarantee of employment at the end of this program? Yes No

Reporting of Employment and Wages: Trainees are required to report their employment offers and starting wage amounts to CSCC's Center for Workforce Development department within 10 business days of acceptance. Please contact your Career Facilitator to report your wages, or email [REDACTED]

FastPath

Program Release of Information and Consent

Consent to Obtain Information:

I permit Columbus State Community College (CSCC) and its subcontractors, to release and receive information relevant to determining eligibility, coordinating services, and other business communication in regards to my participation in the FastPath program with each other, and the following Workforce Development Partners:

- | | | |
|---|--|--|
| <input type="checkbox"/> COWIC- OhioMeansJobs | <input type="checkbox"/> Columbus Urban league | <input type="checkbox"/> IMPACT |
| <input type="checkbox"/> Godman Guild | <input type="checkbox"/> Goodwill | <input type="checkbox"/> Henkels & McCoy |
| <input type="checkbox"/> Jewish Family Services | <input type="checkbox"/> New Directions | |
| | <input type="checkbox"/> Other: _____ | |

Consent to Release Information:

I permit Columbus State Community College (CSCC) to release any and contact information relevant to determining eligibility, coordination of services, and business communication in regards to employment opportunities. This information will include my name, address, phone numbers, email addresses, application documents, classroom performance, and resume which will be released in either written or electronic form. I further release and hold harmless CSCC and its personnel from any and all liability that may potentially result from the release and/or use of such information to businesses with employment opportunities. I also understand that this authorization for release of information will remain in effect until the expiration date noted below unless I personally request, in writing, that this authorization be invalidated prior to that date.

Expiration Date: _____

Consent to Photograph:

I permit Columbus State Community College (CSCC) and its designee to take photographs or record an electronic image of me for educational and marketing purposes. If CSCC or its designee determines that education may benefit from the use of the images, they may publish and disseminate the images for academic purposes both in print and electronically (distribution via CD or web). I understand I will not receive payment or any other compensation in connection with these images. CSCC and/or its designee will not sell or profit from these images; they will be disseminated gratis for public use. I release CSCC and/or its designee from any and all liability which may or could arise from the taking, recording, publication, distribution or other use of these images.

I do not permit Columbus State Community College (CSCC) and its designee to take photographs or record an electronic image of me for educational purposes.

I attest that the information shared on this intake form is accurate in that I am one or more of the following: currently unemployed, dislocated, a veteran, an individual with disabilities or am at or below 200% of poverty in my current wage and am seeking an opportunity with higher wages or a position with a defined career ladder.

Printed Name

Signature

Date _____

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Notes

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