

TRAMCON Training for Manufactured Construction Program



Participant Intake Form (Revised 8/21/2015)

Social Security Number (SSN):

Student ID Number (Office Use Only):

First Name:

Last Name:

MI:

Date of Birth:

Gender:

Male

Female

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Mobile Phone

Email Address:

I want to receive texts about my enrollment, internship, job opportunities, and events. All students are automatically added to the emergency text messaging service.

GENERAL INFORMATION

Ethnicity: Are you Hispanic or Latino?

Yes

No

Prefer not to answer

Select one or more of the following that best describes you:

American Indian or Alaska Native

Asian

White

Black or African-American

Native Hawaiian or Other Pacific Islander

Prefer not to answer

	Yes	No
Are you U.S. Veteran?		
Are you a disabled Veteran?		
Are you eligible for V.A. educational benefits?		
Are you the spouse or dependent of a Veteran?		
Are you a U.S. Citizen?		
If not a U.S.Citizen: Are you legally authorized to work in the U.S.		

Education

Highest Level of Education (Check all that apply):

- HS Diploma/GED
- Post Secondary Vocational/Skills Credential
- AA/AS Degree
- BA/BS
- Master's +
- Some Colleges
- Currently attending school: Provide School Name/
Program

List Special Courses Taken or Certification: (Military, Vocational, or Technical):

Are you worried about any of the following issues, which might impact your training or work? Check all that apply

- Finances
- Transportation
- Childcare
- Health Issues
- Limited Reading and Writing Ability
- Other: _____

Employment

Select the one that best describes your current employment status:

- Employed
- Employed but received Notice of Termination/Layoff
- Underemployed (working Part-Time)
- Dislocated (Receiving Unemployment Benefits)
- TAA Eligible/Receiving TAA Benefits
- Not Employed

If not employed and not receiving Unemployment Benefits, select the one that best describes your current income status:

- Receiving Cash/Foodstamps Assistance
- Supported by a family member
- Self-Employed
- Other:

If employed, please provide the following information:

- Employer:

- Hourly/Salary Wage:

- Hours Work per Week:

Educational Goals

Term Plan:	Enrollment Plan:	Preferred Class Schedule:	Preferred Campus:
FALL (Sept)	Full-Time	Days	North Campus
SPRING (January)	Part-Time	Nights	Doral Campus
SUMMER (May)			

Participant Attestation

TRAINEE (Attestation): I certify, by my signature, that I have read and acknowledge that the information on this form is accurate. I understand that it is my responsibility to submit any changes of address, phone number, employment, pay status, or course of study. Information is being provided to establish eligibility for training and employment services under the \$9.9 million Trade Adjustment Assistance Community College and Career Training grant sponsored by the U.S. Department of Labor and is subject to all applicable Federal and State confidentiality laws. The EO data must be maintained in a manner that allows the individuals from whom the data was collected to be identified, and that ensure confidentiality.

Signature: _____ Date: _____

TRAMCON Colleges are equal opportunity employers. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

This material was funded in whole by a \$9.9M TAACCCT grant awarded by the U.S. Department of Labor's Employment and Training Administration.

Statement of Commitment

I, _____, as a student enrolled in the Training for Manufactured
(Student Full Name)

Construction Program (TRAMCON) with _____, commit to
(College/Campus)

1. Being responsible for paying any applicable registration, textbook, or testing fees
2. Meeting with Recruitment, Retention, and Completion Specialist to develop a Individual Development Plan
3. Attending the student orientation and all classes as designed
4. Fulfilling all class, lab, and projected career pathway requirements
5. Taking, completing, and passing the mandatory course assessments
6. Participating in all evaluation and tracking activities
7. Consulting with TRAMCON staff members regarding all schedule adjustments, absences, and withdrawals.

Student Signature

Enrollment Date

Media Consent

I hereby (Initial One) _____ CONSENT OR _____ DO NOT CONSENT to the usage or reproduction of my name, interview(s) photographic likeness and/or my personal

story by _____ for media, publicity, and/or recruiting to promote the TRAMCON program.
(College/Campus)

Notification of Social Security Number Collection and Usage

This notice is intended for students and is made in compliance with FL Statute 119.071 (5). Miami Dade College (MDC) collects your SSN for use in performance of the College's duties and responsibilities for the following purposes: identification, eligibility and administrative use, and reporting to the United States Department of Labor (DOL) where the disclosure is necessary for program reporting. Federal Law requires that we protect social security numbers from disclosure to unauthorized parties. Student are assigned PSC identification numbers to assist in protecting their identities.

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

How did you hear about the TRAMCON Program? _____

Intake Survey Form

In order to help instructors understand your level of experience, academic decisions, and learning style, please complete the following [Intake Survey](#). Thank you for completing the survey and helping us fit the course material to your needs as a student!

TRAMCON Staff Use Only:

Entered by: _____ Entered Date: _____ TRAMCON Intake Form (Rev. 8/21/2015)

