



NEBRASKA MANUFACTURING GENERALIST PROGRAM – INTAKE FORM

Northeast Community College welcomes you to the Nebraska Manufacturing Generalist Program. This program is part of a statewide project and is funded in part by a U.S. Department of Labor grant. To meet grant requirements, we need the following information. Please complete this form and be assured that all information is secure and used for reporting purposes only.

PERSONAL DATA

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Emergency Contact: _____ Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ Male Female

Ethnicity: Black, Non-Hispanic American Indian/Alaskan Native Asian/Pacific Hispanic/Latino White, Non-Hispanic Other

Citizenship: Are you a US citizen? Yes No If no, are you authorized to work in the US? Yes No

MILITARY AND DISABILITY DATA

Eligible Veteran (See definition below): Yes No Are You the Spouse to a Veteran? Yes No

You are considered an *eligible veteran* if you meet one of the following conditions:

- 1. 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. 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 a 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, USC, 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) 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, is 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 a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government of power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who dies while a disability so evaluated was in existence.

Person with a Disability (see definition below)? Yes No

You are considered a person with a disability if you have any "disability", as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.

TAA Benefit Eligible (see definition below)? Yes No

You are considered a person eligible to receive benefits under the Trade Adjustment Assistance (TAA) program, as defined in 20 CFR, Part 617 pursuant to the Trade Act of 1974 if you are an individual or group and have (1) lost your job or had your work hours reduced to 80 percent or less and lost 20 percent or more in wages, (2) belong to a group of employees certified by the U.S. Department of Labor in which an investigation has found that increased imports "contributed importantly" to the loss of jobs or reduction in hours and wages, and (3) been laid off or partially separated on or after the impact date and before the termination or expiration date of the certification. The layoff or partial separation had to be caused by lack of work.

EMPLOYMENT AND EDUCATION DATA

Please check the following definition that best fits your employment status:

Employed - A person who (a) does any work at all as a paid employee, (b) does any work at all in his or her own business, profession, or farm, (c) works as an unpaid worker in an enterprise operated by a member of the family, (d) is one who is not working, but has a job or business from which you are temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Unemployment Anticipated - A person, who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member.

Not Employed - A person who does not meet any one of the conditions described above.

If you checked the "Employed" box, please provide the name of your employer _____

If employed, what is your position? _____ Current Rate of Pay: \$ _____

If employed, are you currently working full-time or part-time? Full-time Part-time

If not employed, are you currently receiving unemployment benefits? Yes No

Why are you participating in the Nebraska Manufacturing Generalist Training Program?

To learn skills necessary to get a job in the manufacturing industry

To improve job skills

To obtain a wage increase

To obtain a promotion

Other (Please specify) _____

Program Entry Date (First Day of Class or Training) _____

Educational Intent: Single Course Certificate Diploma Associates Transfer to 4-yr

Major: _____ Full-Time Part-Time Pell Grant Eligible: Yes No

Highest Education Level Completed: _____

PLEASE READ BEFORE SIGNING

Northeast Community College and the statewide Nebraska Manufacturing Generalist program do not discriminate on the basis of race, gender, religion, nationality, or disability in educational programs, admissions policies, employment policies, financial aid, or other College administered programs and activities. It is the intent of Northeast Community College to comply with both the letter and the spirit of the law in making certain discrimination does not exist in its policies, regulations, and operations. Inquires may be addressed to the NECC Compliance Officer for Title IX, ADA, Section 504, Dean of Enrollment Management, 801 E. Benjamin Ave.; PO Box 469, Norfolk, NE 68702-0469, phone: 402-844-7258, email: complianceofficer@northeast.edu.

I acknowledge that I have read and understand the above statement.

Printed Name

Signature

Date

GRANT FUNDED STUDENT'S AUTHORIZATION TO DISCLOSE INFORMATION FROM EDUCATION RECORDS

I understand that my educational records are protected by the *Family Educational Rights and Privacy Act of 1974*. Northeast Community College endorses compliance with EEO guidelines and adherence to affirmative action principles. Any disclosure of student information outside of the educational institution must be with prior written consent of the student. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes as stated below:

I hereby authorize the following officials to disclose my educational records:

1. College officials and/or faculty members teaching courses for which I am currently (or was) enrolled:

I hereby authorize the disclosure of the following:

1. Demographic or contact information, including my social security number and other personally identifiable information.
2. Employment status
3. Financial information, including financial aid, student account balance, and Veterans benefits
4. Academic records including, but not limited to, placement test records, class schedule, interim and final grades, attendance, and any information regarding my academic progress prior to the final determination of grades.

I hereby authorize the above listed information be disclosed to the following person(s):

1. Applicable state and federal grant funders, educational institutions, lead grant agencies, fiscal administrators of grant programs, and individuals compiling information for the purposes of demonstrating compliance with grant outcomes and reporting.

I hereby authorize the release of information for the following purposes:

1. To monitor, assist and determine eligibility for grant-funded programs.
2. To monitor and assist with respect to retention and student support needs related to programs within Student and Career Services.
3. For reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes.
4. To monitor and assist with graduate placement needs and employment outcome tracking.

I understand further that:

1. Such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
2. I have the right to not consent to the release of my educational records for these purposes only by initialing the box below.
3. This authorization remains in effect unless revoked by me in writing.

By signing this form, I certify that I agree to the disclosure of the records referenced above. This authorization and consent by me is valid **for the life of the grant reporting period or until I revoke it in writing.**

Printed Name

Signature

Date

I am opting out of signing this form. Initials _____ Date: _____

GRANT FUNDED STUDENT'S AUTHORIZATION TO CONTACT MY EMPLOYER

In some instances, grant awardees are required to track and report employment data both during a student's enrollment period and for a period of time following a student's exit from a grant funded program. Northeast Community College will first attempt to contact the student, but may need to contact that employer to obtain and/or verify information necessary to meet the reporting requirements of the grant.

I hereby authorize the following officials to contact my pervious or current employer:

1. College officials and/or faculty members teaching courses for which I am currently (or was) enrolled:

I hereby authorize the disclosure of the following:

1. Current employment status
2. Current position
3. Beginning and current wage information
4. Wage increases
5. Date of hire, termination, and promotions

I hereby authorize the above listed information be disclosed to the following person(s):

1. Applicable state and federal grant funders, educational institutions, lead grant agencies, fiscal administrators of grant programs, and individuals compiling information for the purposes of demonstrating compliance with grant outcomes and reporting.

I hereby authorize the release of information for the following purposes:

1. To monitor, assist and determine eligibility for grant-funded programs.
2. To monitor and assist with respect to retention and student support needs related to programs within Student and Career Services.
3. For reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes.
4. To monitor and assist with graduate placement needs and employment outcome tracking.

I understand further that:

1. Such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
2. I have the right to not consent to the contacting of my current or former employer for these purposes only by initialing the box below.
3. This authorization remains in effect unless revoked by me in writing.

By signing this form, I certify that I agree to allow Northeast Community College officials to contact my past and current employer(s) as referenced above. This authorization and consent by me is valid **for the life of the grant reporting period or until I revoke it in writing.**

Printed Name

Signature

Date

I am opting out of signing this form. Initials _____ Date: _____

Grant Statement

This document was developed as part of Trade Adjustment Assistance Community College and Career Training (TAACCCT) Grant Program Round 2 Grant, Innovations Moving People to Achieve Certified Training (IMPACT): TC-23752-12-60-A-31.



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