

PRELIMINARY APPLICATION
Career and Placement Center
Miles Community College

2715 Dickinson Street

Miles City, MT 59301

(406) 874-6104 or 1-888-849-8047

Name: _____ Birthdate: _____
 Address: _____ Phone #: _____
 City, State, Zip: _____ SS#: _____
 Email: _____

YES **NO** Are you a U.S. Citizen **YES** **NO** Are you a resident alien?

YES **NO** If male 18 or older are you registered with the selective service?

EDUCATIONAL STATUS

Name of most recent school attended: _____

YES **NO** Do you have a high school diploma?

_____ Highest grade completed

YES **NO** Are you currently attending any school?

Name of school currently attending: _____

YES **NO** If in college, have you received a Pell grant?

WORK HISTORY (list most recent job first)

Employer: _____ Job Title: _____

Address: _____ Job Duties: _____

_____ Wage or Salary: _____

Dates employed: from _____ to _____ Reason for Leaving: _____

Full Time (30+ hours/week) _____ or Part Time (less than 30 hrs/week) _____

Employer: _____ Job Title: _____

Address: _____ Job Duties: _____

_____ Wage or Salary: _____

Dates employed: from _____ to _____ Reason for Leaving: _____

Full Time (30+ hours/week) _____ or Part Time (less than 30 hrs/week) _____

FAMILY INCOME (gross family cash income received by each family member during the last 6 months)

As used here FAMILY means: Two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are (1) a husband, wife, and dependent children, or (2) a parent or guardian and dependent children, or (3) a husband and wife. Include yourself below:

Family Relationship	Full Name	Income	Source(s) of Income

COORDINATING AGENCIES

Check any agency from which you are now receiving, or have earlier received, assistance.

- | | |
|---|--|
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Adult basic Education and/or GED prep |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> WoRC |
| <input type="checkbox"/> WIA (Workforce Investment Act) | <input type="checkbox"/> Welfare Agency |
| <input type="checkbox"/> Action for Eastern Montana | <input type="checkbox"/> Other, please list. _____ |
| <input type="checkbox"/> Job Service | _____ |

PERSONAL INFORMATION

How many persons are currently living in your household? (include all who are related to you by blood, marriage, or adoption)

How many children under 18 years of age?

YES NO Are you homeless?

YES NO Are you receiving Public Assistance?

YES NO Are you a member of a family receiving Public Assistance?

If yes, check all that apply:

TANF

FOOD STAMPS

YES NO Are you a single, separated, divorced, widowed, or abandoned individual with responsibility for one or more children under age 18?

YES NO Are you a pregnant or parenting teen?

YES NO Do you have a record of arrest or conviction, excluding misdemeanors?

YES NO Do you have a history or alcohol/drug abuse?

YES NO Do you consider yourself handicapped or as having a disability?

YES NO Are you interested in non-traditional employment training?

YES NO If yes, would you be willing to participate in a reading and/or math program?

YES NO Are you a veteran of active military duty?

OPTIONAL INFORMATION

- Please check one:
- American Indian/Alaskan Native
 - Asian/Pacific Islander
 - Black
 - Hispanic
 - White

Briefly explain what your employment and/or job training interests are: _____

I certify that the information that I have provided on this document is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____