



# Manufacturing Tech Certification Program

## Application

**Application Deadline: July 12<sup>th</sup>, 2021**  
**Please submit application to: bseck@selectlincoln.org**

### Program Location and Program Start Date

Mt. Zion Baptist Church (3301 N 56th St, Lincoln, NE 68504): Class Dates: July 27, August 3, 10, 17, 24, 31

**Dinner is provided to children & students from 5:00pm - 5:30pm. Class goes from 5:30pm-7:30pm.**

**You must attend every class on time, complete a job shadow, & attend the job fair to earn the stipend**

**You must be actively seeking to begin work at the completion of the class**

### TELL US ABOUT YOURSELF

\_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

\_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**What agency referred you to this program?** \_\_\_\_\_

**Are you legally authorized to work in the United States?** [ ] Yes [ ] No

**Are you 18 years of age or older?** [ ] Yes [ ] No

**Do you have any prior manufacturing experience?** [ ] Yes [ ] No

[For statistics only- Experience not required]

**Will you be able to attend every class in this training program?** [ ] Yes [ ] No

**Will you be able to attend one job shadow during this training program?** [ ] Yes [ ] No

### EDUCATION

School Name	Location	Years Attended
High School		
Trade School/College		

**Other training, certifications or licenses held:** \_\_\_\_\_

### PAST WORK EXPERIENCE

Company Name	Location	Position	Years Worked (example 2015-2017 or current)

## FUTURE EMPLOYMENT

Eight hour shifts: Each company is different

What shifts work best for you?  1st Between 6am and 5pm  
 2nd Between 2pm and Midnight  
 3rd Between 11pm and 8am

What days of the week are you available to work?  Monday  Tuesday  Wednesday  
 Thursday  Friday  Saturday  Sunday

If recruited for employment, would you be willing to consent to a background check?

Yes  No

If recruited for employment, would you be willing to take to a pre-employment drug screening test?

Yes  No

## CHILDCARE INFORMATION

Will you bring any children with you to the class?  Yes  No  
(There is no additional cost for this service.)

If yes, please list the names and ages of the children below so that childcare can be arranged:

Child's Name	Age	Child's Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ACKNOWLEDGEMENT AND AUTHORIZATION

In two-three sentences, why are you applying for this program **(REQUIRED)**? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have completed this application truthfully and to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I have reviewed the application, program, and requirements with the individual. In my opinion, this program would support the applicant's future employment goals.

\_\_\_\_\_  
Name of Referring Church, Agency & Case Manager **(please print)** Date

