WYOMING APPRENTICESHIP STATE EXPANSION REGISTRATION FORM

*All information must be filled out entirely to receive reimbursement

CONTACT INFORMATION

First, Last Name: _____

Social Security Number: _____

Address:_____

(Street Name, City, State, Zip/Postal Code)

Phone Number:_____

Email Address:_____

RAPIDS ID Number:_____

DEMOGRAPHIC INFORMATION

Date of Birth: _____

Gender/Sex:□ Male □ Female □ Did not self-identify

Hispanic/Latino Heritage:□ Yes □ No □ Did not self-identify

Race/Ethnicity:(Check all that apply)□ African American/Black □ American Indian/Alaskan Native □Asian □ Native Hawaiian/Other Pacific Islander □ White □ I do not wish to answer

Considered to have a Disability:□ Yes □ No □ Did not self-identify

EMPLOYMENT AND EDUCATION INFORMATION

Employment Status at Program Entry:
□ Not Employed □ Employed □ Employed, but received notice of termination of employment or military separation

In a Registered Apprenticeship Program?□ Yes □ No □ Did not Disclose

What is the Related Technical Instruction(RTI)for your apprenticeship?□JATC □Community College □Voc/Tech School □4-Year Education Institution □Other

Are you taking any Virtual/Online Training? □ Yes, Virtual/Online □ Mix of In-Person and Virtual/Online □ In-Person Only

Long Term unemployed:□ Yes(27 or more consecutive weeks)□ No

Highest school grade completed:
□No school grade completed□ 1st □ 2nd □ 3rd □ 4th □ 5th □ 6th □ 7th □ 8th □ 9th □ 10th □ 11th □ 12th

High School diploma or equivalent received:□ Yes □ No

Highest education level completed:

□ Attained secondary school diploma □ Attained a secondary school equivalency □ Participant with disability receives certificate of attendance/completion □ Completed one or more years of Post-secondary education □ Attained a post secondary technical or vocational certificate (non-degree)
□ Attained an Associate's Degree □ Attained a Bachelor's Degree □ Attained a degree beyond a Bachelor's Degree □ No Higher Education Completed

School Status:
□ In-school, secondary school or less □ In-school, alternative school □ In-school,post-secondary school □ Not attending school or secondary school dropout □ Not attending school or secondary school graduate or has a recognized equivalent □ Not attending school; within age of compulsory school attendance

INDIVIDUAL BARRIERS

Ex-Offender:(individual has been arrested/convicted of a crime)□Yes□No□Did not disclose/self identify

English Language Learner:□Yes□No

Skills Deficient/Low Levels of Literacy at Program Entry:□Yes□No

ADDITIONAL QUESTIONS

Veteran Status?□Yes□No□Status Not Known

Incumbent Worker Training:□Statewide 15% and/or Rapid Response 25% only □Local Formula Only (20%) □Both State wide and Local Formula □H-1B Funded Grant □DWG Funded Grant □NFJP Funded Grant □Apprenticeship Appropriated Grant □No

Apprenticeship Start Date:_____

Type of Apprenticeship:□Time-Based□Competency-Based□Hybrid

Wage at Time of Entry: _____

Expected Completion Date of Apprenticeship:_____

Received Pell Grant Funding:□Yes□No□Did not disclose/self identify

Are you receiving any other services from the Department of Workforce Services?□Yes□No

If yes, please list them: _____