



Application for Program Enrollment

Please send this completed form and a resume to Kristi Charles at KCharles@AdvancedMfgInstituteSD.com for consideration

Disclosure:

The **Application for Program Enrollment** form is designed to: (1) Evaluate a candidate's interests and needs, (2) Identify personalized qualifications, (3) Find available programs and services, and (4) Confirm proper placement.

Which program are you seeking to enroll in?	Manufacturing Academy <input type="checkbox"/>	Apprenticeship <input type="checkbox"/>
--	--	---

Name and Contact Information

Full name:	<input type="text"/>	SSN:	<input type="text"/>
	<i>First</i>	<i>M.I</i>	<i>Last</i>
	<input type="text"/>	<input type="text"/>	<i>Last four digits only</i>
Address:	<input type="text"/>	Phone	<input type="text"/>
	<input type="text"/>		<input type="text"/>
		Email	<input type="text"/>
			<input type="text"/>

Are you a citizen and/or authorized to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you have a state-issued ID or driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

What is your current employment status?	Employed full-time <input type="checkbox"/>	Unemployed <input type="checkbox"/>
	Employed part-time <input type="checkbox"/>	

Have you graduated from high school, or have you earned a GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Do you have internet access, computer skills, and basic mechanical aptitude?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Can you do the following actions physically to ensure safety compliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

- Able to walk and balance using your legs
- Able to reach and hold items with your arms and hands
- Able to stand for extended periods of length
- Able to carry as much as 30 lbs.
- Have eyesight, close vision, depth perception, and be able to adjust focus?

Are you a resident of San Diego County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Are you committed to attending in-person training for its entire duration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

3. Which San Diego County zip code do you reside in? _____

4. Are you a veteran of the U.S. Military? Yes No (If yes, please list branch) _____

By submitting this application, you agree to the following:

This is only an application for program enrollment, not a guarantee of acceptance for participation.....Yes No

I confirm that the information I have given in this application is accurate to the best of my knowledge..... Yes No

I understand that providing false information on this application could result in my dismissal from the program..... Yes No

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I authorize the investigation of all statements made here and agree to the use of any information, personal or otherwise. I release Grande Foundation d.b.a. Advanced Manufacturing Institute San Diego from all liability for damages resulting from the use of such information. Additionally, I consent that any or all information on this application may be shared with partners affiliated with Grande Foundation d.b.a. Advanced Manufacturing Institute San Diego and used to determine eligibility for potential grant funding for my training in their program. I agree to adhere to the rules, policies, and standards of Grande Foundation d.b.a. Advanced Manufacturing Institute San Diego for the entire duration of my participation in the program.

Signature:	_____	Date:	_____
------------	-------	-------	-------