



Skills Center Student Application

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Student Information

Answers are protected information under HIPPA laws. Please provide accurate information.

Social Security Number *

Ex. 000-00-0000 (It's safe! We promise!)

Name *

First Name

Last Name

Address

Street Address

City

State (two letter)

Postal / Zip Code (five digit)

Home

Area Code Phone Number

Mobile

Area Code Phone Number

Other

Area Code Phone Number

Email *

example@example.com

Work

Area Code Phone Number

Other Email

example@example.com

Have you ever worked for BCI, Show Me Shine, Skills Center, or any affiliate of Boone Center, Inc.?

If yes, explain when you worked for us!

Work Email

example@example.com

To the best of your knowledge, are you related to (or at any time once related to) an employee of BCI, Show Me Shine, Skills Center, or any of the affiliates of Boone Center, Inc?

If yes, explain to whom you are related (or were related).

Do you have the right to work in the United States of America?

Vocational Profile

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Which one of Skills Center's vocational programs interests you the most? *

Are you able to stand for 10 hours?

Note: The ability to stand for 10 hours is required for our Manufacturing program but not for Salesforce

Do you receive funding from DDRB or Regional Center?

DDRB = Developmental Disabilities Resource Board

Are you interested in speaking with our Benefits Counselor to learn more about how working full-time will impact your Social Security and/or Medicaid? *

Do you have an ABLE account?

To learn more about ABLE accounts visit: <http://www.ablenrc.org/about/what-are-able-accounts>

Tell us about how you plan to get to work and to class at the Skills Center. *

What are your plans for (A) getting to and from Skills Center (B) getting to and from work?

Accommodations

Important!

Skills Center is committed to helping our students get the accommodations they require to experience success with their new career. This is why we want to know about any accommodations you need to be successful.

Note: By reporting your desired accommodations, Skills Center can support its students finding options for funding any materials they may need purchased for the workplace.

What accommodations do you require?

Hold Ctrl to select more than one

What is your guardian's first name?

First name only

What is your guardian's last name?

Last name only

Do you have a guardian? *

Use this space to explain any accommodations selected above

Street Address

What is your guardian's street address?

What sort of relationship do you have with your guardian?

City

In what city does your guardian live?

State

Two letter postal abbreviation (Ex: OK, KS, MO, CA)

Zip/Postal Code

Five digit zip code

What is your guardian's phone number?

Area Code Phone Number

Guardianship

Do you have a legal guardian?

Having a criminal record does not necessarily disqualify you from attending the BCI Skills Center.

Skills Center understands we all make mistakes; and so, we are more than willing to support people with a criminal history. We simply ask prospective students to be honest since failure to disclose criminal history could disqualify students from future job placement opportunities.

Furthermore, all Skills Center applicants are subject to a criminal background screening prior to enrollment to protect both our students' valuable time and the community employers we partner with who may not hire people under certain legal circumstances.

What is your guardian's email address?

Do you have any criminal offenses to report? *

Criminal History

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If yes, please explain in detail the nature of your offense(s).

Are you currently indicted or have current charges? *

If yes, please explain.

Do you have any sex-related offenses?

If yes, please explain.

Commitment to Diversity

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Skills Center is committed to having a "Zero Tolerance" policy for discrimination based on any demographic information provided in this application. This information is gathered solely for the purpose of striving to serve a student population that closely reflects the members of our community. Therefore, the applicant, by providing this information, understands that all information provided below is voluntary and, hereby, pledged by Skills Center to be kept confidential and never released to anyone under any circumstance unless provided with written authorization by the applicant themselves.

Furthermore, all information provided here is considered confidential and is protected by law.

Gender

Date of Birth



Month Day Year

Race/Ethnicity

Veteran Status

Almost Done!

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What other vocational interests do you have?

Hold Ctrl to select more than one option

How did you hear about Skills Center? *

I helped complete this application:

Application Date: *



Month Day Year