



James Sprunt Community College
...Your Bridge to Success
 www.jamessprunt.edu

(Please Print)

NC TECHHIRE Participant Application

Location Office:		College Representative:		Application Date:	
James Sprunt Community College (JSCC)		Alamance Community College (ACC)		Halifax Community College (HCC)	
				Vance-Granville Community College (VGCC)	
CONTACT INFORMATION					
First Name:		Middle:		Last Name:	
Date of Birth: (mm/dd/yyyy) Between 17-29		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Verified	
				Last 4 of SSN:	
<i>Residential Address: Note-the address entered here will become the eligibility address which is captured on the application</i>					<input type="checkbox"/> Verified
Address:					
Address:					
City		State:		County/Perish:	
Country:					
Zip Code:		Ward:		Community Area:	
Primary Phone Type: (Select 1)			Alternate Phone Type: (Select 1)		
_____ Ext. _____			_____ Ext. _____		
<input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other <input type="checkbox"/> Home <input type="checkbox"/> Not Identified			<input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Not Identified <input type="checkbox"/> Home <input type="checkbox"/> Other		
Fax Phone:			E-mail:		
Alternate Contact Name/Relation/Phone:					
MAILING ADDRESS: CHECK HERE IF MAILING ADDRESS IS THE SAME AS ADDRESS: <input type="checkbox"/>					
Address:					
Address:					
City:		State:		ZIP Code:	
Country:					

Applicant Signature _____ **Date** _____

DEMOGRAPHIC DATA

<input type="checkbox"/> Verified Date of Birth: _____ Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Verified Registered for the Selective Services: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented exemption from registration <input type="checkbox"/> Not Applicable Registration Date: _____
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<input type="checkbox"/> Verified Authorized to work in U.S. <input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> Alien/Refugee lawfully Admitted to U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> No Alien/Visa Registration #: _____ Alien/Visa Expiration Date: _____	<input type="checkbox"/> Verified Considered to be if Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information Not provided
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Race (multiple selections are allowed when I do not wish to answer is not selected): <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific islander <input type="checkbox"/> I do not wish to answer	
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<input type="checkbox"/> Verified Considered to have a disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed	<input type="checkbox"/> Verified Type of Disability (must be answered when Considered to have a disability is Yes): <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both a physical and mental impairment <input type="checkbox"/> Information Not Disclosed
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Applicant Signature _____ **Date** _____

VETERAN DATA		
Eligible Veteran Status <input type="checkbox"/> Verified <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No	Served more than one tour of duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Begin Date 1:	Discharge Date 1:
	Begin Date 2:	Discharge Date 2:
	Begin Date 3:	Discharge Date 3:
EMPLOYMENT		
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed <input type="checkbox"/> Verified		
If employed, individual is under-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Receiving Unemployment Compensation <input type="checkbox"/> Eligible claimant referred by WPRS <input type="checkbox"/> Eligible claimant not referred by WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither claimant nor exhaustee	<input type="checkbox"/> Verified
Number of weeks employed: _____	Current or most recent hourly rate of pay: <input type="checkbox"/> Verified \$ _____	
EDUCATION INFORMATION:		
Current Highest School Grade Completed (From registration)		
<input type="checkbox"/> No School Grade Completed <input type="checkbox"/> 2 nd Grade Completed <input type="checkbox"/> 4 th Grade Completed <input type="checkbox"/> 6 th Grade Completed <input type="checkbox"/> 8 th Grade Completed <input type="checkbox"/> 10 th Grade Completed <input type="checkbox"/> 12 th Grade Completed & Did not receive Diploma or Equivalent <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 years College or a Technical or Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate	<input type="checkbox"/> 1 st Grade Completed <input type="checkbox"/> 3 rd Grade Completed <input type="checkbox"/> 5 th Grade Completed <input type="checkbox"/> 7 th Grade Completed <input type="checkbox"/> 9 th Grade Completed <input type="checkbox"/> 11 th Grade Completed <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> 1 Year College or a Technical or Vocational School <input type="checkbox"/> 3 Years College or a Technical or Vocational School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Specialized Degree (e.g. ND, DDS)	
School status <input type="checkbox"/> Verified <input type="checkbox"/> In school, H.S. or less Secondary <input type="checkbox"/> Not Attending school, H.S. Did not complete H.S. <input type="checkbox"/> In school, Post H.S. Post-Secondary <input type="checkbox"/> Not attending school, H.S. Graduate		
Enrolled in education leading to Diploma, GED/High School Equivalency or Certificate (Secondary, Post-Secondary, adult education or other organized programs of study) <input type="checkbox"/> Yes <input type="checkbox"/> No Credential: _____ Program of Study: _____		

Applicant Signature _____ **Date** _____

PUBLIC ASSISTANCE: Individual or member of a family that is receiving, or in the past 6 months has received, the following:		
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	State or Local income based public assistance (General Assistance) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Social Security Disability Income (SSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
BARRIERS: Check all that apply.		
English Language learner: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Verified
Out of School Youth <input type="checkbox"/> Yes <input type="checkbox"/> No	Basic Skills Deficient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Single parent (including single pregnant women) <input type="checkbox"/> Yes <input type="checkbox"/> No	Offender: individual has been arrested/convicted for a crime <input type="checkbox"/> Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME:		
Family Size: _____ <input type="checkbox"/> Verified	Annualized Family: _____ <input type="checkbox"/> Verified Income \$ _____	
EMPLOYMENT STATUS		
Currently or Previously Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Current or most recent hourly rate of pay \$ _____	
Most recent job Title: _____	Hours worked per week at most r4ecent job _____	
Begin date of most recent job _____	End date of most recent job _____	
Benefits at Most Recent Job (Check all that apply.) <input type="checkbox"/> None <input type="checkbox"/> Health Insurance <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Flexible <input type="checkbox"/> Work Schedule <input type="checkbox"/> Telework <input type="checkbox"/> Customized Employment <input type="checkbox"/> Job Sharing <input type="checkbox"/> Other		
Other Description _____		
Additional Notes:		

Certification: I certify that to the best of my knowledge and abilities, the above information that I have provided is true and accurate.

Applicant Signature _____ **Date** _____

Interviewer's Signature _____ **Date** _____