



# Arkansas Career Pathways Initiative Application

SEARK Career Pathways  
1900 Hazel Street  
870-543-5999

The following information is requested to determine eligibility to participate in the Career Pathways Initiative (CPI). You will be contacted with more information about the program if you appear eligible to participate.

## Personal Information

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Spouses name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment No.: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Message: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_\_\_

### If applicable:

Alternate Mailing Address: \_\_\_\_\_ Apartment No.: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Demographics

### Race:

- Asian
- Black (Non-Hispanic Origin)
- Hispanic or Latino
- American Indian or Alaska Native
- White (Non-Hispanic Origin)
- Non-Resident Alien
- Other: \_\_\_\_\_

**Gender:**

- Male
- Female

**Are you a single parent?**       Yes    No

**Employment**

**Current employment status:**

- Part time
- Full time
- Seasonal
- Self employed
- Unemployed

Place of employment: \_\_\_\_\_

How Long employed: (months) \_\_\_\_\_

Rate of pay per month: \_\_\_\_\_

Hours worked per week:    20 or less    20 – 30    30 or more

Job title: \_\_\_\_\_

**Employment History:**

Place of employment: \_\_\_\_\_

Dates employed: \_\_\_\_\_

How Long employed: \_\_\_\_\_

Rate of pay per hour: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Dates employed: \_\_\_\_\_

How Long employed: \_\_\_\_\_

Rate of pay per hour: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Financial Assistance**

<b><u>Do you currently receive:</u></b>	
<b>TEA:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a former recipient of TEA:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Food Stamps:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>AR Kids</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicaid</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Education**

**Highest level of school completed:**

- Never attended high school
- Did not finish high school—highest grade level completed: \_\_\_\_\_
- GED    Date: \_\_\_ / \_\_\_ / \_\_\_\_\_    Location: \_\_\_\_\_
- High school diploma  
Name of school: \_\_\_\_\_ Location: \_\_\_\_\_
- Started college but did not finish.
- Currently enrolled in college:  
Name of school: \_\_\_\_\_ Major: \_\_\_\_\_ Year enrolled: \_\_\_\_\_
- Have you applied for Financial Aid (Pell Grant) yes\_\_\_\_\_ no\_\_\_\_\_

Not including a GED or high school diploma, have you received any vocational, occupational, or technical certificates or diplomas?  Yes  No

How did you hear about this program? \_\_\_\_\_

Have you attended the program before?  Yes  No    When? \_\_\_\_\_ How long? \_\_\_\_\_

**Student Loan Information**

**Do you have any student loans?**  Yes, and balance \_\_\_\_\_  No

Have you defaulted on this loan?  Yes  No

**Family Considerations**

**Do you have any children, 21 years old or younger?**  Yes  No

**List the children who live with you and whom you have legal custody of:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School or childcare: \_\_\_\_\_

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**Is there someone to take care of your children if they are sick and cannot attend school/childcare so that you will not miss classes/training?**  Yes (list names below)  No

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital status:**  Divorced  Legally Married  Separated  Single, never married  Widowed

**Does your family support your attending this training?**  Yes  No

**Housing Considerations**

**Housing status:**  Rent  Mortgage  Own  HUD  Other

**How do you pay your bills and support your family:**

Self  Boyfriend/girlfriend  Spouse  Family/friend  Other

Explain: \_\_\_\_\_

**List two emergency contacts who do not live with you (other than your children’s caregiver):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) - Work: ( ) - Cell: ( ) -

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) - Work: ( ) - Cell: ( ) -

**Signatures**

By signing below I give full permission to the CPI staff at SEARK College to review my financial and academic records including but not limited to my FAFSA application, income tax return, if requested, test scores, transcripts, and participation with DHHS programs. This information will be used to determine my eligibility to participate in CPI. The program may also access pertinent records related to my employment and attendance/graduation.

I verify that I am a parent, with a child under the age of twenty-one that lives with me in my residence, on a full time, permanent basis.

Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Career Pathway Staff: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

The above information will provide enough information to begin a review to assess your current needs. Submission of this form authorizes CPI to communicate with any person or persons to verify the foregoing information, including but not limited to earnings from employers, and to contact financial institutions for financial data and any other agency or persons regarding your financial condition. Assistance is not guaranteed.

Staff notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT CHECKLIST---DOCUMENTS RECEIVED---OFFICE USE ONLY**

Tax forms verification of 250% poverty)	Received	Not Received	
Driver's license	Received	Not Received	
Letter from DHHS stating services (Food Stamps, Medicaid, TEA)	Received	Not Received	
Social Security Cards of child	Received	Not Received	
Court document for custody if applicable	Received	Not Received	
Is applicant approved to receive TANF funding	Yes	No	
Does participant qualify for PELL or other financial aid	Yes	No	
Does applicant need childcare	Yes	No	
Does applicant need transportation	Yes	No	