



Education & Training Fund Programming Application Spring 2023

Name: _____

Telephone number: _____

Email address: _____

Street address: _____

City/town: _____

State: _____ Zip code: _____

Program of Interest:

_____ EKG Technician [March 21 – June 1, 2023; 60 hours]

_____ Office Support Professional [March 24-May 26, 2023; 48 hours]

PERSONAL DEMOGRAPHICS

1. Age:

_____ 21 years old or younger

_____ 22-29 years old

_____ 30-39 years old

_____ 40-49 years old

_____ 50 years old or older

2. Legal Sex: _____ Male _____ Female

In the spirit of celebrating diversity and fostering inclusions, Massasoit Community College recognizes that legal sex (e.g., the sex designated on one's birth certificate) and gender are both fluid and distinct from one another. However, due to state and federal government classifications, Massasoit is required to collect and report this data.

3. Race/Ethnicity:

_____ American Indian/
Alaskan Native

_____ Asian

_____ Black/African American

_____ Cape Verdean

_____ Haitian

_____ Hispanic/Latinx

_____ Native Hawaiian/
Pacific Islander

_____ Two or More Races

_____ White

4. Veteran Status: _____ Veteran _____ Dependent of Veteran _____ Not applicable

5. What agency referred you to this program? *(Write none if not applicable):*

EMPLOYMENT INFORMATION

6. Are you unemployed now? _____ Yes _____ No

If yes, for how long? _____

7. If you are working now, please answer the following questions:

a. Are you working in a full-time job? _____ Yes _____ No

i. How many hours do you work? _____

ii. Are you earning less than \$15 per hour? _____ Yes _____ No

b. Are you working one or more part-time jobs? _____ Yes _____ No

i. How many hours do you work? _____

ii. Were you involuntarily moved from a full-time to a part-time work schedule?
_____ Yes _____ No

8. Do you feel like you are doing work that makes full use of your skills and abilities?
_____ Yes _____ No

If you are only interested in the Office Support Professional course, please skip to Question 10.

9. Do you have healthcare workforce experience? _____ Yes _____ No

If yes, please describe your experience: _____

10. Do you have an active and valid driver's license? _____ Yes _____ No

11. Do you have reliable transportation? _____ Yes _____ No

ADDITIONAL INFORMATION

12. How did you hear about the ETF program?

_____ Massasoit's Website

_____ Mass Hire Career Center

_____ ETF Program Flyer

_____ Family member or friend

_____ Other: _____

13. What about this particular program makes you interested in it?

14. Please list some of your strengths, skills, abilities, and interests that will help you succeed in the program: _____

15. Do you need any special accommodations in order to participate in the program?

16. Is there anything else you would like to share that might impact your success in the program? _____

INSTRUCTIONS: Please check each box if you agree with the following statements:

If I am accepted into the ETF funded program,

- I agree to attend and participate in all course sessions as scheduled unless excused by the instructor.
- If I do not meet the attendance and/or participation standards, I understand that I may fail the program.

- I agree that if a professional certification is required to be completed outside of Massasoit, I am responsible for its registration (e.g., registering for the EKG written exam). (**NOTE:** The ETF program will provide the payment for the exam registration).
- I agree to communicate with the ETF Staff at a minimum of twice a month to discuss my experiences in the program and any questions or concerns.
- I agree to provide a copy of my high school diploma or equivalent.
- I agree to provide a copy of one of the following items:
 - Either my 2022 income tax return demonstrating a gross family income of up to 200% of the federal poverty level
 - Proof of current unemployment status from the MA Executive Office of Labor and Workforce Development, Department of Unemployment Assistance
 - Supplemental Nutritional Assistance Program (SNAP) or Women’s, Infant & Children program (WIC) eligibility determination from MA Division of Transitional Assistance
- I understand that I will need to be fully vaccinated for COVID-19 before registering for my first class. I also will need to provide proof of vaccination to Massasoit two weeks prior to the start date of my first class which is _____.
- I will review and agree to abide by [Massasoit’s Student Code of Conduct](#).
- I understand if I have any previous convictions, I may find it difficult to secure employment within a healthcare setting.
- I declare that the information provided above is accurate and true.

Applicant Signature: _____ Date: _____