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A proud partner of the American Job Center network

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CRT/OJT/APPRENTICESHIP TRAINING QUESTIONNAIRE

Applicant's Name: _____ Phone #: _____

Do you have basic computer skills? ___ Yes ___ No ___ Not Sure

If you checked not sure, what can you do on a computer (email, search online, write letters, etc)?

Do you have a valid driver's license? ___ Yes ___ No

Do you have reliable transportation? ___ Yes ___ No

If Yes, what is your method of transportation? _____

If No, how do you plan on commuting to work/training? _____

Do you have reliable child care? ___ Yes ___ No ___ N/A

What is your child care plan (If applicable)? _____

Have you ever been convicted of a crime (felony or misdemeanor)? ___ Yes ___ No

If Yes, please specify: _____

Do you have other barriers to securing employment (ex: health issues)? ___ Yes ___ No

If Yes, please specify: _____

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Coordinator's Signature

Date