

Isles' Center for Energy and Environmental Training (CEET) Application

33 Tucker Street, Trenton, NJ 08618
Phone 609-341-4737 or 609-341-4746
Fax 609-393-3614

Isles' Center for Energy and Environmental Training is focused on green job training and preparing individuals to perform work that will conserve energy, maximize energy efficiency, and contribute to a healthier and cleaner environment. Please indicate the areas in which you're interested in pursuing training:

- Air Sealing/Insulation/ Weatherization
- Building Analysis
- Heating Professional
- Multifamily Building Analyst
- Other _____

Contact Information:

Name: _____ Date: _____

Address: _____ Apartment Number/Floor _____

City: _____ State _____ Zip _____

Phone Number: (_____) _____ home / cell (*circle one*) Alternate Phone: (_____) _____ home / cell (*circle one*)

Email Address: _____

If you do not have a phone, give the number of a friend or relative with whom we can leave a message.

Name: _____ Relationship: _____ Phone Number: (_____) _____

Personal Information:

Gender: (*Circle One*) Male/Female Date of Birth: ____/____/____ Are you a US Citizen? (*Circle One*) Yes / No

Race/Ethnicity: (*Circle any and all that apply*)

African American/Black Hispanic White Asian American Indian Other: _____

Primary Language: _____ Secondary Language: _____

Do have a valid Driver's License? YES _____ NO _____ Do you have reliable transportation? YES _____ NO _____

Emergency Contact Information:

In Case of Emergency, we should contact

(1) Full Name: _____ Relationship: _____

Address: _____

Phone Number: (*Day*) (_____) _____ (*Evening*) (_____) _____

(2) Full Name: _____ Relationship: _____

Address: _____

Phone Number: (*Day*) (_____) _____ (*Evening*) (_____) _____

Educational History:

(1) Do you have your high school diploma Yes _____ No _____ or a GED? Yes _____ No _____

(2) Complete chart below

	Name of School	City/State	Years Completed	Date of Graduation or Completion	Major (if applicable) or Course of Study
High School					
College					
Graduate School					
Business/Trade School					
Other _____					

(3) Do you have construction, mechanical, or electrical experience? Yes ___ No ___

Medical Information:

(1) Check any that apply to you:

Allergies ___ Heart problems ___ Asthma ___ Diabetes ___ Back problems ___ Seizures ___
Other _____

If you checked "allergies" please list the things to which you are allergic: _____

(2) Do you take any prescribed medications? Yes _____ No _____

If yes, what prescribed medications do you take? _____

(3) Some of CEET's training courses require work in attics, basements, and crawl spaces. Some courses require heavy lifting. Do you have any physical limitations that may prohibit you from effectively completing these tasks? Yes ___ No ___
If yes, please describe: _____

Employment Information:

(1) Are you currently employed? Yes _____ No _____ If yes, are you currently receiving unemployment? Yes _____ No _____

(2) Please list current and previous employment information, with the most recent job listed first:

Employer: _____ City/State: _____

Job title: _____ Rate of pay/hr: \$ _____ # of Hours/week: _____

Supervisor's name and number: _____ Start Date: _____ End Date: _____

If no longer employed, reason for leaving: _____

Employer: _____ City/State: _____

Job title: _____ Rate of pay/hr: \$ _____ # of Hours/week: _____

Supervisor's name and number: _____ Start Date: _____ End Date: _____

If no longer employed, reason for leaving: _____

Employer: _____ City/State: _____

Job title: _____ Rate of pay/hr: \$ _____ # of Hours/week: _____

Supervisor's name and number: _____ Start Date: _____ End Date: _____

If no longer employed, reason for leaving: _____

Criminal History:

(1) Have you ever been arrested? Yes _____ No _____ If yes, how many times? _____

If yes, list each charge and dates? _____

(2) Have you been convicted of a felony in the last 7 years? Yes _____ No _____

If yes, explain conviction(s), nature of offense(s) leading to conviction(s), date(s) committed, sentence(s) imposed, and type(s) of rehabilitation. _____

*A conviction will not be an automatic bar to acceptance into a training program.

(3) Have you ever been convicted of a crime (other than a felony)? Yes _____ No _____

If yes, please list the year of each conviction, charges for which you were convicted, and length of time served:

(4) Do you currently have any pending charges? (check one) Yes _____ No _____

If yes, please list the charges:

(5) Are you currently involved with any of the following programs? Circle each letter that applies:

A. Probation: Yes _____ No _____

B. Parole: Yes _____ No _____

C. Adult Intensive Supervision Program: Yes _____ No _____

D. Mercer County Adult Drug Court: Yes _____ No _____

E. Other: _____

I, _____, attest that all of the information provided within this application is true, accurate and complete, and I understand that acceptance into and continuation in the training program and receive job placement assistance, the training agency and employers may require drug testing and background checks.

Signature

Date: