



Arizona Career Pathways Application

Last Name-----	
First Name-----	
Middle Name-----	
Maiden Name-----	
Suffix	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV
Date of Birth-----	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Please check which racial / ethnic category best describes you.

Race	
<input type="checkbox"/> Amer Indian / Alaskan Native	<input type="checkbox"/> Black / African American
<input type="checkbox"/> American Indian / Alaskan Native & White	<input type="checkbox"/> Black / African American & White
<input type="checkbox"/> Amer Indian / Alaskan Native / Black & African Amer	<input type="checkbox"/> Hawaiian / Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Other Multi - Racial
<input type="checkbox"/> Asian / White	<input type="checkbox"/> White

Ethnicity	<input type="checkbox"/> Hispanic or <input type="checkbox"/> Latino
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Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident I-155 <input type="checkbox"/> Refugee <input type="checkbox"/> Other
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Visa Number	<input type="text"/>	Visa Expiration Date:	<input type="text"/>
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Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single, Divorced or Separated <input type="checkbox"/> Widow
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Household Information

Living Arrangement	<input type="checkbox"/> Living with Relatives <input type="checkbox"/> Living with Friends <input type="checkbox"/> Shelter <input type="checkbox"/> Living on Own <input type="checkbox"/> Other
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Are you head of household?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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# in household including yourself	<input type="text"/>
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Spouse's Name	<input type="text"/>
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Do you have children?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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# of dependent children UNDER the age of 18	<input type="text"/>
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# of dependent children OVER the age of 18 (please explain)	<input type="text"/>
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Current Address Information & Contact Information

Current Address	<input type="text"/>
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Current City, State, Zip	<input type="text"/>
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Do you live within the City limits?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't know
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Current County	<input type="text"/> <input type="checkbox"/> Less than 1 year <input type="checkbox"/> At least 1 year
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Home Phone Number	<input type="text"/>	Work Phone Number	<input type="text"/>
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Cell Phone Number	<input type="text"/>
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Email Address	<input type="text"/>
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P.O. Box or Preferred Mailing Address Information (if different than above)

Preferred Mailing Address	<input type="text"/>
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Preferred Mailing City, State, Zip	<input type="text"/>
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Education Information

Educational Status	<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED
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High School Name	
High School City, State & Country	
High School / GED Graduation Date	
College / University / Trade School Information	
Circle any post-high school education you have completed or you are currently enrolled and give details below	
	Community College University Training Program
Name, City, State, Country	
Dates Attended	
If degree earned, please specify: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
Degree Earned	
Degree Graduation date	
College Graduation Date	College ID if currently enrolled
Additional educational experience	

Military Information	
Below: Check as many items as necessary to explain your background. Answers to these questions can not disqualify you from the program and may help you qualify.	
Have you served in the Armed Forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Currently Serving
If served in Armed Forces, indicate branch	
Type of discharge?	
Are you registered with Selective Service? (males ages 18 - 24)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Criminal Background	
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list charge and date	
Other than minor traffic violations	

Public Assistance	
Check any assistance that you are receiving now and enter amounts.	
<input type="checkbox"/> AHCCCS	<input type="checkbox"/> TANF (AFDC) \$ _____
<input type="checkbox"/> Child care assistance \$ _____	<input type="checkbox"/> Utilities assistance \$ _____
<input type="checkbox"/> Food stamps \$ _____	<input type="checkbox"/> WIC
<input type="checkbox"/> Free or reduced lunch \$ _____	
<input type="checkbox"/> KIDSCARE	
<input type="checkbox"/> Public Housing \$ _____	
<input type="checkbox"/> Refugee Assistance \$ _____	

		From Date	To date
Are you currently on SSI (Disability)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	
		From Date	To date
Are you currently unemployed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	
		From Date	To date
Are you currently receiving unemployment benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	
		From Date	To date
Are you currently receiving Workman's Compensation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	
		From Date	To date
Are you currently in a Vocational Rehab Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	

Work Experience - <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
If Employed, please complete the following:	
Employer	
Address	
Phone number	Hours per Week

