



University of Arkansas at Monticello
 College of Technology – Crossett
 Career Pathways Initiative
 1326 Highway 52 W, Crossett, AR 71635
 870-364-2373 FAX: 870-364-2399



Career Pathways Application

Career Pathways is offered to participants to gain employability skills that employers in our area are seeking.

We provide career training for workplace advancement, at no-cost to the participant or the business.

Please read and complete application.

Please Print

Date: _____

Name: _____

Email: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Cell Phone: _____

Social Security: _____

Date of Birth: _____

- Race:** Asian/Pacific Islander
 Black (Non-Hispanic Origin)
 Hispanic
 American Indian or Alaska Native
 White (Non-Hispanic Origin)
 Non-Resident Alien
 Other

- Gender:** Male Female
Are you a single parent: Yes No
 High School graduate Yes No
 GED Yes No
 How many children under 21 live in the home? _____
 Are you a U.S. Citizen? Yes No

Employment

Place of Employment: _____

Name of Supervisor: _____
 _____ Full-Time _____ Part-Time _____ Unemployed

Signature _____

Date _____

The above information will provide enough information to begin a review to assess your current needs. Submission of this form authorizes Career Pathways to communicate with any agency to verify the above information. Assistance is not guaranteed.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

OFFICE USE ONLY			
Eligibility Approved/Verified: (STAFF ONLY)			
1. Date: _____	Type: _____	3. Date: _____	Type: _____
Source: _____		Source: _____	
2. Date: _____	Type: _____	4. Date: _____	Type: _____
Source: _____		Source: _____	



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AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE CAREER PATHWAYS INITIATIVE

In the course of providing the best possible service to the participants of the Arkansas Career Pathways Initiative Program, the exchange of information between governmental agencies and educational institutions may be necessary. I hereby authorize the Arkansas Career Pathways Initiative personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives of the Pathways program. I understand the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. Non-personally identifiable information can be shared by ADHE/CPI with other entities to promote the program both inside and outside the state. I understand copies of this signed release will serve as valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions or other parties unless the release or provision of such information is otherwise prohibited by law or regulation **(PLEASE INITIAL BY EACH STATEMENT)**:

- _____ The Department of Human Services and the Division of Child Care and Early Childhood Education (DHS/DCCECE) may provide information regarding my participation in agency programs. This will include names, social security numbers and other necessary information pertaining to my children.
- _____ The Department of Workforce Services (DWS) may provide information regarding my participation in the Transitional Employment Assistance (TEA) program, unemployment insurance benefit program and my participation in Workforce Investment Act employment and training programs
- _____ The Department of Career Education may provide information including WAGE, Adult Education and current and past education participation.
- _____ The Arkansas Department of Higher Education and affiliated educational institutions may provide records relating to my current and past education.
- _____ The educational institution involved in my participation in the Career Pathways Initiative may provide information between the internal departments.
- _____ The Workforce Investment Act service provider may provide information regarding my participation in adult work programs.
- _____ The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
- _____ The Department of Education and local school districts may provide information regarding my current and past education.
- _____ Private and career training institutions may provide records relating to current and past training and education.
- _____ My current and past employers may provide information related to my employment.
- _____ My likeness may be used for public relations purposes in the media including newspapers, newsletters, TV ads, and other media venues.

As a condition to my authorization the Arkansas Career Pathways Initiative agrees to use the information obtained solely for the purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, educational training and plans, and helping me achieve my occupational and education goals. This authorization can be revoked at any time with a written statement from me. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to my participation in the Career Pathways Initiative. I understand that, as a condition of my receiving services, information collected by the Career Pathways Initiative will be used for purposes of determining overall program performance.

 Student's Signature

 Print Name

 Date