

1900 SE 4th Street Gainesville, FL 32641

Phone: 352-872-5500 ext. 7123

Job Training & Entrepreneurial Program Application

Today's Date	e:						
Applicant Name:				Date of Birth:			
Phone:							
Email:							
Address:							
City:							
State:	Zi	p:					
I am interes applies):	ted in the	GHA Job	Training &	& Entrepre	neurial Pro	gram (ch	eck all that
 □ Result □ Educ □ Profe 	ation Assi essional De ing your o	g Assistance stance evelopment wn busines	s S	ork?			
Days	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Availability Times							
If applying f	or tempora	ary work, th	nen when w	ill you be a	vailable?		
If hired, on v	what date c	an you star	t working?	/_	/	_	





Are you available to work overtime? [] Y or [] N

Personal Information

Specify which program you are currently on:
□ Section 8□ Public Housing□ Other:
If hired, would you have reliable transportation to/from work? [] Y or [] N
Are you over the age of 18? (if under 18, hire is subject to verification of minimum legal age.)
[] Y [] N
If hired, would you be able to present evidence of your U.S. citizenship or proof of legal right to work in the United States? [] Y or [] N
If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N
Are you able to perform the essential function of the job for which you are applying, either with/without reasonable accommodation? [] Y or [] N