



HEALTHCARE EMPLOYMENT & LEARNING PIPELINE

CONTACT INFORMATION			
LAST NAME:		FIRST NAME:	PREFERRED NAME:
ADDRESS:		CITY:	COUNTY: STATE: ZIP CODE:
PHONE NUMBER:		EMAIL ADDRESS:	
DEMOGRAPHIC INFORMATION			
AGE: <input type="checkbox"/> 18 -24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55 and older	HIGHEST EDUCATIONAL LEVEL COMPLETED: (Check one.) <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> High School or GED <input type="checkbox"/> Vocational, Technical, or Business School  <input type="checkbox"/> Some College <input type="checkbox"/> Masters Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Ph.D or M.D.	LANGUAGE(S): (Check all that apply.) <input type="checkbox"/> Amharric <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> English <input type="checkbox"/> Spanish  <input type="checkbox"/> Other: _____	COUNTRY OF BIRTH: _____  AUTHORIZED TO WORK IN U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
PREVIOUS WORK EXPERIENCE			
What was the most recent position you held?			
Title: _____		Start Date: _____	End Date: _____
Company: _____		Location: _____	
Responsibilities: _____			
Skills: _____			
Please list titles of other positions you have held previously:			

The *Healthcare Employment & Learning Pipeline* was funded by the *Healthcare Initiative Foundation* and *Holy Cross Hospital* in collaboration between *MontgomeryWorks*, *Holy Cross Hospital*, and *Montgomery College*.

**PROFESSIONAL REFERENCES**

Name ▪ Title ▪ Company ▪ Relationship to You ▪ Years of Acquaintance ▪ Phone Number ▪ Email Address

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**EMPLOYMENT ASSISTANCE**

How did you find out about Healthcare Employment & Learning Pipeline?

What are the barriers you face in your employment search? (Check all that apply.)

Childcare  Food  Housing  Transportation  Other:

Are you currently receiving Intensive Services through the Workforce Investment Act from MontgomeryWorks?

If yes, what is the name of your Career Transition Specialist? \_\_\_\_\_

Are you currently participating in any other employment or occupational skills training programs?  Yes  No

If yes, what is the name of the organization? \_\_\_\_\_ What is the name of the program? \_\_\_\_\_

**SKILLS**

TYPING:  Yes  No

COMPUTER:  Yes  No

If Yes, please check all that apply:

Word  Excel  Access  Outlook  Internet  Other: \_\_\_\_\_



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HELP PROGRAM	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you earn a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any felonies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, where, and what is the nature of the felony?	Are there any felony charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the nature of the felony?
Which career path are you interested in pursuing? <input type="checkbox"/> Patient Registration Representative <input type="checkbox"/> Health Unit Coordinator	
Have you previously completed any other healthcare profession training(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ Are you currently certified in any other healthcare profession(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____	
In 2 – 3 sentences, please explain why you should be selected to participate in the Healthcare Employment & Learning Pipeline?	
How do you think participation in the Patient Access & Registration Professional Program or Health Unit Coordinator course will impact you?	
Each course will meet in the evenings.	
a. Do you have reliable transportation to get you to and from the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If you are a caregiver for individuals other than yourself (e.g. children, elders, etc.), have you made the appropriate arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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