



Veterans Employment Training (V.E.T.)

2013 Veteran Participant Application Packet



Community Action Partnership of Riverside County

**Attn: Veterans Employment Training (V.E.T.)
2038 Iowa Avenue, Suite B-102
Riverside, CA 92507**

**Phone: 951-955-4900 or Toll Free 800-511-1110
TTY: 951-955-5126 Fax: 951-955-1399
E-mail: info@capriverside.org
www.capriverside.org**



VETERANS EMPLOYMENT TRAINING (V.E.T.)

Community Action Partnership of Riverside County (CAP Riverside) is recruiting veterans to participate in a new on- the- job training program designed to provide skill development and work experience to low-income veterans. CAP Riverside and its partners will provide V.E.T. participants with on-the-job training opportunities and job-related education support.

Benefits for Veterans:

- Paid training and work experience (40 hours a week)
- Personal coaching and mentoring in life and job skills
- Opportunity for regular employment
- Matched savings incentive up to \$100

To learn more, contact...

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VETERANS EMPLOYMENT TRAINING APPLICATION INSTRUCTIONS

Forms Included in Packet:

1. Application Form *(to be completed and signed)*
2. Motivation Statement *(to be the complete work of applicant)*
3. Income Certification *(to be completed and signed)*

Instructions:

1. Complete, sign and date application
2. Provide a copy of your resume
3. Write a motivation statement as per instructions. Don't forget to include your name.
4. Complete, sign and date Veteran Income Verification Form.
5. Provide copy of DD-214
6. Return all completed documents with original signatures to:

Community Action Partnership of Riverside County
ATTN: Veterans Employment Training
2038 Iowa Ave., Ste. B-102, Riverside, CA 92507
Phone: (951) 955-4900 / Fax: (951) 955-1399 / TTY: (Hearing Impaired) (951) 955-5126
E-mail Address: info@capriverside.org
Web Address: www.capriverside.org

Note: You can scan and e-mail or fax application packet, but we will still need original signatures upon acceptance into program.



Community Action Partnership of Riverside County

Veterans Employment Training Application

ANSWER ALL QUESTIONS-PLEASE PRINT LEGIBLE-**INFORMATION IS CONFIDENTIAL**

Last name:		First Name:		Middle Initial:
Residence Address		Apt#:	City:	Zip
Home Phone: () ()	Cell Phone: () ()	Email Address (<i>print clearly</i>):		
Family Composition: # of members living in household: _____ <input type="checkbox"/> Single Parent <input type="checkbox"/> Two parent <input type="checkbox"/> No children <input type="checkbox"/> Other (Describe): _____		Race (may check one or more): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		Date of Birth: ____ / ____ / ____ Gender : ____ Social Security Number: _____ - _____ - _____
Highest level of education completed: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Higher		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed with notice of termination/military separation. If unemployed indicate number of weeks: _____		
Are you currently attending school: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type of school: _____		Are you homeless? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you at risk of losing home or in transition housing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What type of employment training do you desire? <input type="checkbox"/> General Office <input type="checkbox"/> Green Technology <input type="checkbox"/> Inventory Clerk <input type="checkbox"/> Customer Service <input type="checkbox"/> Maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Computer Tech <input type="checkbox"/> Social Services <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____		Military Branch: _____ Type: <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Vietnam-era <input type="checkbox"/> Veteran <input type="checkbox"/> Not applicable Type Rank at Discharge: _____ Type of Discharge: _____ Reserve duty required? Yes <input type="checkbox"/> No <input type="checkbox"/> describe: _____ Are you Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes (this information is voluntary and will only be used in connection with record keeping and equal opportunity requirements.) If yes, Is your disability military related Yes <input type="checkbox"/> No <input type="checkbox"/> Disability Rating: ____% Do you have limitations? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain: _____ Are you recently separated Veteran (within last 48 months)? Yes <input type="checkbox"/> No <input type="checkbox"/> Date separated from military: ____ / ____ / ____		
Available Start Date: ____ / ____ / ____		Do you have: Valid CA Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes Number _____ California ID? <input type="checkbox"/> No <input type="checkbox"/> Yes Number _____		
How will you travel to and from work? <input type="checkbox"/> Own car <input type="checkbox"/> Family <input type="checkbox"/> Bus <input type="checkbox"/> Other _____		Are your family members supportive of you getting a job? <input type="checkbox"/> Yes <input type="checkbox"/> No Any concerns? _____		
Current Skills (Please check all that apply) : <input type="checkbox"/> Computer <input type="checkbox"/> Internet <input type="checkbox"/> Basic Office Equipment (e.g. copier, fax, scanner, printer, etc.) <input type="checkbox"/> Touch Calculator <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Keyboarding speed (WPM: _____) List Other Skills: _____ What other languages other than English are you fluent in? Speak: _____, Read: _____, Write: _____				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on state parole? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor				
Have you or your family ever received any assistance from CAP Riverside?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Personal Reference Name: _____		Contact Phone Number: (____) _____
		Relationship:: _____		E-mail: _____

LIST YOUR LAST 3 JOBS, STARTING WITH THE LAST JOB YOU HELD

1. Current or most recent employer:		Address:	City, State, Zip:
Phone: ()	Job Title:	Email Address (<i>print clearly</i>):	
Job Duties:	Hourly Wage: \$ _____	Date Started: __/__/__	
	Hours worked per week: _____	Date Left: __/__/__	
2. Current or most recent employer:		Address:	City, State, Zip:
Phone: ()	Job Title:	Email Address (<i>print clearly</i>):	
Job Duties:	Hourly Wage: \$ _____	Date Started: __/__/__	
	Hours worked per week: _____	Date Left: __/__/__	
3. Current or most recent employer:		Address:	City, State, Zip:
Phone: ()	Job Title:	Email Address (<i>print clearly</i>):	
Job Duties:	Hourly Wage: \$ _____	Date Started: __/__/__	
	Hours worked per week: _____	Date Left: __/__/__	
Reference Name: _____		Contact Phone Number: _____	
Title: _____		E-mail: _____	
Reference Name: _____		Contact Phone Number: _____	
Title: _____		E-mail: _____	
Reference Name: _____		Contact Phone Number: _____	
Title: _____		E-mail: _____	
<p>I CERTIFY the information stated above is true and correct to the best of my knowledge and am aware that this information may be shared with the necessary workforce partners for the provision of comprehensive services.</p>			
Signature of Applicant: _____		Date: __/__/__	

For CAP Use Only

Date of Hire:	Employer:
Completion Date:	Exit Interview Date:
Program Manager Signature:	Executive Directors Signature:



MOTIVATION STATEMENT **(Must be submitted with Application)**

On a separate sheet of paper (typed, if possible) answer the following questions in a short essay form. There is no right or wrong way to do this; just be thoughtful and honest in preparing your answer. This statement is an important part of your application. Spend some time preparing your answers.

Note: Please make every effort to make this a professional looking paper that you would want an employer to read and know more about you.

- A. What do you hope to gain from the V.E.T. work-training experience?
- B. How would this work experience advance your personal and professional goals?
- C. What do you feel are the pressing needs of the veteran population in your community?

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**Veteran Income Certification
100% of the 2013 CSBG Poverty Guidelines**

Participant Name

First Name

Last Name

1. Circle the number of persons in your household.
2. Circle the Monthly/Yearly income of your family

2013 Income Guidelines		
Persons in Family/Household	Monthly Income	Annual Income
1	\$957.50	\$11,490
2	\$1,292.50	\$15,510
3	\$1,627.50	\$19,530
4	\$1,962.50	\$23,550
5	\$2,297.50	\$27,570
6	\$2,632.50	\$31,590
7	\$2,967.50	\$35,610
8	\$3,302.50	\$39,630

*For families/households with more than 8 members, add \$4,020 for each additional member.

I certify that the total household income noted above is accurate and true to the best of my knowledge. I understand that I may be requested at any time to provide proof of this income.

Participant Signature

Date

<i>For CAP Use Only</i>		
<input type="checkbox"/> Meets Guidelines	<input type="checkbox"/> Exceeds Guidelines	Comments:
Program Manager Signature:		Date:

Return completed application packet and mail to:

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