## MOVE Transportation/Distribution Career Pathways Grant Intake Form

Applicant Information:

Hagerstown Community College is the recipient of a Maryland Department of Labor, Licensing and Regulation job training grant which provides reduced tuition for specific career pathways. Submission of intake form does not guarantee funding will be awarded.

Name:	Telephone:				
Street Address:	City, State, Zip:				
County:	Email Address:				
Birth Date:	Social Security #:				
Race: (please check all that apply)  ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latino	National Origin:  ☐ American ☐ North American (excluding American) ☐ Central and Latin American ☐ European ☐ African ☐ Middle Eastern ☐ Asian ☐ Oceania ☐ Two or More ☐ Other				
Eligibility Information:  Are you 18 years of age or older?		☐ Yes ☐ No			
The year to years or age or order.					
Are you a Maryland resident?	☐ Yes ☐ No				
Do you have a valid Maryland Driver's Licens If no, please explain:	☐ Yes ☐ No				
Do you have any past driving history/infraction to obtain a commercial license? If yes, pleas	□Yes □No				
Do you have a high school diploma or GED?	☐ Yes ☐ No				
Have you been convicted of a crime or serve If yes, please explain:	☐ Yes ☐ No				
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<sup>&</sup>quot;This project was funded in whole or in part by funds received from EARN Maryland, a Grant program of the Maryland Department of Labor, Licensing and Regulation."

background check and drug screen) as part of the MOVE Transportation and Distribution Career Pathways intake process. Failure to do so will invalidate my grant submission.  Signature: Date:	Employment Status:	☐ Full-Time	☐ Part-Time	□ Ur	nemployed		
What is your highest educational attainment?  High School	If employed, what is your	highest hourly rate?					
□ High School □ Associates Degree □ Industry credential (Please specify):  Are you eligible to work in the United States? □ Yes □ No  Are you the spouse or dependent of a full-time HCC employee? □ Yes □ No  Military Status (please choose one): □ Active Duty □ Veteran □ None  Spouse's Military Status (please choose one): □ Active Duty □ Veteran □ None  What is your career goal? □ CDL A □ CDL B  I hereby certify that the information I have submitted is correct. I authorize the release of this information to Hagerstown Community College, Maryland Department of Labor, Licensing and Regulation, grant partners and potential employers. I will provide additional information or verification upon request.  I further agree to submit to all grant required application testing (including criminal background check and drug screen) as part of the MOVE Transportation and Distribution Career Pathways intake process. Failure to do so will invalidate my grant submission.  Signature: □ Date: □ Date: □ Pathon Robinwood Drive Hagerstown, MD 21742  FOR OFFICE USE ONLY	Are/were health benefits offered at current or most recent job? ☐ Yes ☐ No						
□ Some College □ Bachelor's Degree □ Industry credential (Please specify):  Are you eligible to work in the United States? □ Yes □ No  Are you the spouse or dependent of a full-time HCC employee? □ Yes □ No  Military Status (please choose one): □ Active Duty □ Veteran □ None  Spouse's Military Status (please choose one): □ Active Duty □ Veteran □ None  What is your career goal? □ CDL A □ CDL B  I hereby certify that the information I have submitted is correct. I authorize the release of this information to Hagerstown Community College, Maryland Department of Labor, Licensing and Regulation, grant partners and potential employers. I will provide additional information or verification upon request.  I further agree to submit to all grant required application testing (including criminal background check and drug screen) as part of the MOVE Transportation and Distribution Career Pathways intake process. Failure to do so will invalidate my grant submission.  Signature: □ Date: □ Date: □ Pathon Robinwood Drive Hagerstown, MD 21742  FOR OFFICE USE ONLY	What is your highest educational attainment?						
Are you the spouse or dependent of a full-time HCC employee?							
Military Status (please choose one):	Are you eligible to work in the United States? ☐ Yes ☐ No						
Spouse's Military Status (please choose one):	Are you the spouse or dependent of a full-time HCC employee? ☐ Yes ☐ N				☐ Yes ☐ No		
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Hagerstown Community College Career Program Building, Room 221F 11400 Robinwood Drive Hagerstown, MD 21742  FOR OFFICE USE ONLY	Signature:			Date: _			
<u></u>	Career Program Building, Room 221F 11400 Robinwood Drive						
Application Status Referral Agency:	FOR OFFICE USE ONLY						
	Application	n Status	Referral Agency:				
Dated received: Notes:	Dated received:		Notes:				
Date reviewed:	Date reviewed:						
Date applicant contacted:	Date applicant contacte	ed:					

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