



Career Mentoring for Wounded Vets
Week of October 26th, 2009

APPLICATION FORM

First Name: Last Name: Birth date:
Address: Daytime Phone/TTD: Cell:
City: State: Zip: Email:
Branch of Service/Rank:
Referring Agency: Contact Name:
Email: Phone:

EDUCATIONAL SUMMARY

Highest level of education attained (Check One):

Some High School College Degree in:
High School Diploma
Vocational License Post-Graduate Degree in:
Additional training:

CAREER PREFERENCES

Applicants should have interests and skills that can be applied in the competitive job market. Openings are limited; however, every effort will be made to match the individual with his/her occupational interest.

Indicate your 1st, 2nd, and 3rd choices and select any specific area of interest in the space provided to the right.

Accounting/Financial Services
Business Management
Health/Medical (Specify)
Social Services/Counselor
Other
Legal
Media/Entertainment/Marketing
Information Technology
Web Design, Graphic Arts

REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

Braille Sign Language Interpreter Oral Tactile ASL PSE
Large Print Dietary Needs (describe)
Wheelchair Access Other

AVAILABILITY

What day(s) and times are you available to participate on the week of October 26th?

By signing this form, I understand that my contact information may be used only for the purposes related to Career Mentoring Day. I also understand that I may be photographed or filmed for promotional and educational purposes.

Applicants are required to provide their own transportation to and from mentoring site.
Some employers may require background checks.

Applicant's Signature: Date: