



# G K C H H I T



## Greater Kansas City HealthCare and HealthCare Information Technology Career Program

The information contained in this application is confidential and for sole use of the following collaborative partners: Kansas Workforce Partnership, Kansas City Metropolitan Healthcare Council, and the program administrator, the Full Employment Council, Inc./Missouri Career Center. This program is funded by a grant from the U.S. Department of Labor Employment Training Administration and American Recovery & Reinvestment Act (ARRA)\*

**FULL EMPLOYMENT COUNCIL/MISSOURI CAREER CENTER**

1740 PASEO BOULEVARD | KANSAS CITY, MO 64108

Kansas City &amp; Vicinity and Eastern Jackson County

MISSOURI COUNTIES: JACKSON | CLAY | PLATTE | CASS | RAY

**KANSAS CITY METROPOLITAN HEALTHCARE COUNCIL**

7015 COLLEGE BOULEVARD, SUITE 150

OVERLAND PARK, KANSAS 66211

**KANSAS WORKFORCE PARTNERSHIP**

9221 QUIVIRA ROAD | OVERLAND PARK, KS 66215

Kansas Local Area III

KANSAS COUNTIES: JOHNSON | WYANDOTTE | LEAVENWORTH

**APPLICANT**

Today's Date		Last Name		First Name		Middle Initial	
Address			City		County	State	Zip Code
Telephone		E-mail		Social Security No.		Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnicity/Race <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one race							
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, provide an Alien Registration Number (A-number):				Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability that would cause a barrier to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Registered with Selective Service (male only)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATION**

Current Education Status <input type="checkbox"/> Attending-Alternative School <input type="checkbox"/> Not Attending-Dropout <input type="checkbox"/> Not Attending-Graduate <input type="checkbox"/> Attending-High School <input type="checkbox"/> Attending-Post High School	
Highest Grade Completed <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> College Freshman <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Vocational/Technical or Community College <input type="checkbox"/> Above Bachelors Degree	
Are you currently in school? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of school:	Are you interested in earning your high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of classroom occupational skill training are you interested in?	What is your employment objective?
Have you searched the Department of Elementary and Secondary Education (DESE) website <a href="http://www.missouricareersource.com/mech/">www.missouricareersource.com/mech/</a> for training information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the amount of tuition you are requesting?	How do you plan to support yourself while in training?

**WORK HISTORY**

Employer		Position					
Address			City		State		Zip Code
Start Date	End Date	Months/Years Employed		Hourly/Monthly/Annual Salary		Hours Per Week	
Description							
Employer		Position					
Address			City		State		Zip Code
Start Date	End Date	Months/Years Employed		Hourly/Monthly/Annual Salary		Hours Per Week	
Description							

Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment Insurance Claim Status? <input type="checkbox"/> Claimant <input type="checkbox"/> Exhausted <input type="checkbox"/> None			

**ALTERNATE CONTACTS**

Telephone No.		Relationship	Type (home, cell, work)

**LEGAL STATUS**

What is your legal status? <input type="checkbox"/> N/A (if presently working in a healthcare institution) <input type="checkbox"/> Court Ordered Community Service <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Work Release			Bonding Appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been convicted of a crime after the age 17? <input type="checkbox"/> Yes <input type="checkbox"/> No	How have you or will you find ways to obtain employment given your current legal circumstances?		
Are there jobs you can no longer apply for because of your conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.	
Do you have criminal charges pending against you or a pending court case? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.	

The Full Employment Council is an Equal Opportunity Employer | Auxiliary aids and services are available upon request to individuals with disabilities | TDD/TYY: 816-283-849

\*The GKC HHIT form is effective as of 4/5/10, but may be updated as required.

# APPLICANT AGREEMENT

## Greater Kansas City HealthCare and HealthCare Information Technology (GKC HHIT)

The information contained in this application is confidential and for sole use of the following collaborative partners: Kansas Workforce Partnership, Kansas City Metropolitan Healthcare Council, and the program administrator, the Full Employment Council, Inc./Missouri Career Center.

This program is funded by a grant from the U.S. Department of Labor Employment Training Administration and American Recovery & Reinvestment Act (ARRA)\*

**Full Employment Council/Missouri Career Center**  
1740 PASEO BOULEVARD | KANSAS CITY, MO 64108  
Kansas City & Vicinity and Eastern Jackson County  
**MISSOURI COUNTIES:** JACKSON | CLAY | PLATTE | CASS | RAY

**KANSAS CITY METROPOLITAN HEALTHCARE COUNCIL**  
7015 COLLEGE BOULEVARD, SUITE 150  
OVERLAND PARK, KANSAS 66211

**Kansas Workforce Partnership**  
9221 QUIVIRA ROAD | OVERLAND PARK, KS 66215  
Kansas Local Area III  
**KANSAS COUNTIES:** JOHNSON | WYANDOTTE | LEAVENWORTH

### THE CRITERIA AND TERMS FOR CLASSROOM OCCUPATIONAL SKILL TRAINING WILL INCLUDE THE FOLLOWING:

- Search the Department of Elementary and Secondary Education (DESE) web site, [www.missouricareersource.com/mech/](http://www.missouricareersource.com/mech/) for training information
- Training must be in an in-demand occupation
- Attend classroom occupational skill training full time, if you are not employed
- Certificate program must be 24-months or less and must result in a diploma, degree or certification, and must lead to full-time employment
- Provide the Full Employment Council with a copy of the certificate, upon completion of the program
- Training courses recognized by an industry association, such as the Kansas City Metropolitan Healthcare Council, as stipulated in the proposal, will be funded
- Cost of prerequisite courses for classroom occupational training are not funded and therefore must be paid for by the individual

**Please note:** As a participant of the GKC HHIT program, you are required to communicate with staff of the Full Employment Council/Missouri Career Center, Kansas Workforce Partnership and Kansas City Metropolitan Healthcare Council, as needed. Your information and/or feedback will remain confidential, and will be used for sole use of the aforementioned collaborative partners, as well as the U.S. Department of Labor. In addition, you will also be required to participate in all surveys and answer any questions, in relation to your employment status, wage gains or other employment training information, as your feedback will assist in determining the effectiveness of the GKC HHIT program.

I fully understand the classroom occupational skill training criteria, and agree to the terms as stated above?

YES

NO

Applicant's Signature

Date

**\*INFORMATION ABOUT THIS APPLICATION:** The U.S. Department of Labor, Employment and Training Office (ETA) and Office of Management and Budget (OMB) require that grantees collect and report participant level data on sex, race and ethnicity of all participants and individuals who receive training and other services provided through federally funded grant projects. This data is for analysis and in order to provide information to ETA in aggregate in quarterly performance reports. All information will be treated as confidential and does not impact the ability of individuals to receive training or other services.



**WWW.FECKC.ORG**  
OUR JOB IS TO FIND YOU A CAREER™  
Proud Member of America's Workforce Network



The Full Employment Council is an Equal Opportunity Employer | Auxiliary aids and services are available upon request to individuals with disabilities | TDD/TTY: 816-283-849

\*The GKC HHIT form is effective as of 4/5/10, but may be updated as required.