



The Center for  
**Corporate and  
Professional Education**  
at Cape Cod Community College

## Smart Manufacturing Training Program Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Current Employment Status: \_\_\_\_ Full time, 35+hrs/wk \_\_\_\_ Part-time, <35 hrs/wk \_\_\_\_ Unemployed

If currently employed, where do you work? \_\_\_\_\_

If currently employed, what is your job title? \_\_\_\_\_

Do you have access to reliable transportation? \_\_\_\_ Yes \_\_\_\_ No

Do you have any physical limitations that might hinder your ability to work long hours on your feet or lift tools/materials of 50 lbs or more? \_\_\_\_ Yes \_\_\_\_ No

Do you have any experience in the manufacturing industry? \_\_\_\_ Yes \_\_\_\_ No

If yes, briefly describe your manufacturing industry work experience:

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Why do you want to participate in this program?

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Would you like to work in the construction field in the future, if so, what would you like to do?

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How did you hear about this opportunity? \_\_\_\_\_

Do you feel your English skills (speaking, writing, and/or reading) limit your ability to advance in your career?

☐ Yes ☐ No

Are you legally able to work in the United States right now? ☐ Yes ☐ No

Select the highest level of schooling that you have completed:

<input type="checkbox"/> Less than 9 <sup>th</sup> grade	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Master's degree and above
<input type="checkbox"/> GED/high school equivalency	<input type="checkbox"/> Other post-secondary education
<input type="checkbox"/> Some College, no degree	

Do you identify as having military or Veteran status? ☐ Yes ☐ No

Do you get any of the following benefits? (Select all that apply.)

<input type="checkbox"/> I do not receive any of these benefits	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> General/Emergency Assistance	<input type="checkbox"/> TANF/TAFDC
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Refugee Cash Assistance
<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	<input type="checkbox"/> MassHealth
<input type="checkbox"/> Medicare	<input type="checkbox"/> subsidized housing
<input type="checkbox"/> Emergency Aid to the Elderly, Disabled, and Children	

If you receive any benefits from the list above, do you worry that working too many hours would get in the way of your career goals? ☐ Yes ☐ No

**Thank you for providing this information. You will be called regarding your acceptance in this program.**

I hereby certify and attest that the information stated above is true and accurate. I acknowledge that the information on this application may be used for evaluation purposes by Cape Cod Community College and MassHire Workforce Boards and Career Centers.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Email your completed application to [workforce@capecod.edu](mailto:workforce@capecod.edu)**