



# ***matiak foundation***

*serve to empower*

## **Matiak Foundation Training Application**

### **Instructions:**

Thank you for your interest in applying for programs with the Matiak Foundation! Please complete this application and return it with all of the required documentation to the Matiak Foundation.

Return application and required documentation to Matiak Foundation either by mail or drop off at our office.

*Drop-off Location: 220 Turner Blvd. Ball Ground, Ga 30107*

*Mailing Address: 2210 Holly Springs Pkwy #885 Holly Springs, Ga 30142*

### ***Please note the following in regard to the application:***

- Any information you provide shall be voluntary
- Any information provided shall be kept confidential
- Your refusal to provide any information shall not subject you to any adverse treatment
- Any information provided shall be used only in accordance with the law

### ***Please submit the following documentation along with your application:***

- Copy of Driver's License or State I.D. or Birth Certificate
- Copy of Social Security Card
- Copy of DD214 (Veterans Only)
- Resume (if you need help preparing a resume, please contact Matiak Foundation)
- Proof of current residency (Driver's license with correct address, utility bill, lease agreement, etc.)
- If unemployed: Proof of unemployment status at time of application including information on last employment/employer, ay stubs for last employment period and/or tax forms – W2

***\*\*\*Applicants are responsible for insuring that all required documentation is attached to the application. Missing documentation will delay the process of your application. \*\*\****

**Applicant Information:**

Name (First, Middle, Last): \_\_\_\_\_

Social Security #: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Are you a part of a Social Networking Site (Facebook, Twitter, LinkedIn)?            YES            NO

If yes, please indicate the name of the site and your username:

Site: \_\_\_\_\_ Username: \_\_\_\_\_

Site: \_\_\_\_\_ Username: \_\_\_\_\_

Site: \_\_\_\_\_ Username: \_\_\_\_\_

**Additional Contact Info:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

**Driver's License Information:**

Do you have a GA Driver's License?            YES            NO

Has your license ever been or is currently suspended?            YES            NO

Driver's license type:            Regular            Commercial (CDL)            CDL Endorsements

Class:            A            B            C (Auto, light truck)

**Public Assistance:**

*Within the last 6 months have you received any of the following?:*

Temporary Assistance for Needy Family (TANF)	YES	NO
Food Stamps (FS/SNAP)	YES	NO
Trade Adjustment Assistance	YES	NO
Refuge Cash Assistance	YES	NO
Are you currently, or have you been notified that you will receive Pell Grant Funds?	YES	NO

**Employment Status:**

Current or most recent rate of pay per hour: \_\_\_\_\_

Are you currently receiving retirement pay?                      YES                      NO

*List current and previous employers, beginning with your current and most recent job.*

Current or Most Recent Employer:

\_\_\_\_\_

Type of Business/Industry: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Main Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving:              Laid-off              Quit              Terminated              Other Employment

Other Explain \_\_\_\_\_

Current or Most Recent Employer:

\_\_\_\_\_

Type of Business/Industry: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Main Duties: \_\_\_\_\_

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Other Explain \_\_\_\_\_

Current or Most Recent Employer:

\_\_\_\_\_

Type of Business/Industry: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Main Duties: \_\_\_\_\_

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Reason for leaving:      Laid-off      Quit      Terminated      Other Employment

Other Explain \_\_\_\_\_

**Educational History:**

Are you currently in school?:      YES      NO

If yes, please list the name of the school  
and the anticipated completion date: \_\_\_\_\_

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

School	Course of Study	Did you graduate?	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any professional licenses you hold:

\_\_\_\_\_

**Individual Barriers:**

Are you a single parent?      YES      NO

Are you currently in the foster system?      YES      NO

Have you ever been convicted of a misdemeanor or felony?      YES      NO

Do you currently have pending charges for either a misdemeanor or felony?      YES      NO

Do you read and understand English?      YES      NO

What is your primary language? (if other than English) \_\_\_\_\_

Do you need an interpreter? YES NO  
What is your family size? (Number of individuals living your home) \_\_\_\_\_  
What is your family income? (Total income received  
by all members living in the household? \_\_\_\_\_

**Miscellaneous:**

What are your career interests and goals?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate your computer skills? \_\_\_\_\_

\_\_\_\_\_

**Release:**

I authorize Matiak Foundation and their representatives to release my pre-employment screening information to potential employers for job placement. This may include, but is not limited to, a background check, drug screening and skills assessment.

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**Signature**

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**Date**

**Certification & Acknowledgement:**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified or significant omissions may disqualify me from further consideration for Matiak Foundation programs.

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**Signature**

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**Date**