

# WRANGELL COOPERATIVE ASSOCIATION

P.O. Box 2021 • Wrangell, Alaska 99929  
 Telephone: (907) 874-4304  
 Email: [wcatrIBE@gmail.com](mailto:wcatrIBE@gmail.com)

## JOB PLACEMENT & TRAINING APPLICATION

PERSONAL INFORMATION			
Name (First, Middle, Last)		Social Security Number	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Home Phone	Cell Phone	Message Phone	
Emergency Contact Name	Relationship	Message Phone	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Race/Ethnic Group <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship <input type="checkbox"/> US Citizenship <input type="checkbox"/> Other	
Name of Federally Recognized Tribe	Tribal Enrollment Number if applicable (Attach Copy)		

HOUSEHOLD MEMBERS			
List all persons living in the household			
Name	Relationship	Date of Birth	Race
Race (You may select more than one race) AN - Alaska Native   AI -American Indian   WH – White   AA - African American   PI – Native Hawaiian or Pacific Islander			

<b>ACADEMIC INFORMATION</b>		
<input type="checkbox"/> High School	Name & Location of High School	Graduation Date
<input type="checkbox"/> GED	Name & Location of where GED was obtained	Graduation Date
<input type="checkbox"/> College/Vocational	Name & Location of School	Graduation Date

<b>SKILLS AND ABILITIES</b>
List volunteer experience you have done or are currently doing
List any equipment, computer software, tools, machinery you can operate/repair

<b>YES</b>	<b>NO</b>	<b>SERVICES PREVIOUSLY RECEIVED</b>
		Adult Vocational Education – If yes, when and what office?
		Higher Education – If yes, when and from what offices?
		Vocational Rehabilitation – If yes, when and from what office?
		TANF – If yes, when and from what office?
		General Assistance – If yes, when and from what office?

<b>SCHOOL/TRAINING</b>	
<b>Name of Educational Institution you are planning to attend</b>	
<b>School Mailing Address</b>	
Have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Enrollment Status: <input type="checkbox"/> Full Time (at least 12 credits) <input type="checkbox"/> Part Time (at least 6 credits) <input type="checkbox"/> Training Class	
Semester: (check each semester you will attend) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Expected Degree or Certificate: <input type="checkbox"/> Associates of Arts <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Vocational Certificate	