

Gulf Coast Ready to Work (GCRTW) Grant

A U.S. Department of Labor/Employment and Training Administration Grant

To be considered for the GCRTW Grant a participant must meet the following conditions at the time of enrollment

(Please INITIAL only ONE selection):

_____ (200) Unemployed: An individual without a job for fewer than 27 consecutive weeks, but not underemployed or long-term unemployed; **OR**

_____ (204) Long Term Unemployed: An individual without a job for 27 weeks or more; **OR**

_____ (202) Underemployed: An individual who lost their job during or after the recent recession (commencing from Dec. 1, 2007 forward) and have obtained only episodic, short-term, or part-time employment but have not reconnected with a full-time commensurate with the individual's level of education, skills and previous wage or salary earned prior to the individual's loss of permanent employment for 27 consecutive weeks

I, _____, attest that the information I have provided on these forms
PLEASE PRINT NAME CLEARLY

is accurate, current, and honest. I further confirm that I understand and agree to all expectations of truthfulness and candidness related to the information I have provided herein, and recognize that my failure to fully disclose accurate, current, and honest information could result in my exclusion from participation or even criminal and civil penalties. I also am currently not participating in another DOL grant at any other college. Lastly, I understand that my information may be shared between the partner colleges and with the Department of Labor and other related parties to track the program's progress. I consent to this sharing of my information only as it relates to the project.

SIGNATURE _____
(Digital Signatures are NOT acceptable)

DATE _____

Gulf Coast Ready to Work Grant

A U.S. Department of Labor/Employment and Training Administration Grant

IDENTIFYING INFORMATION:

Name: _____

Street Address _____

City, State, Zip _____

Phone Number _____

Alternate Phone Number _____

E-mail Address _____

REFERRED BY – List who or what organization referred you

Name: _____

U.S. CITIZENSHIP

Are you a U.S. Citizen? Yes _____ No _____

Are you a permanent resident? Yes _____ No _____

(101) Social Security: _____

(102) Selective Service Status: Yes _____ No _____

(103) Date of Birth: _____

(104) Gender: Male _____ Female _____

(105) Individual w/Disability (Physical or Mental Impairment – disclosure is used for federal reporting purposes and will not impact your participation.):

Do you have any disabilities?

Yes _____ No _____ Do not wish to disclose _____

(106) ETHNICITY (Please check one.)

Hispanic or Latino Yes _____ No _____

(107-111) RACE (Please check all that apply.)

_____ American Indian or Alaskan Native (107)

_____ Asian (108)

_____ Black or African American (109)

_____ Native Hawaiian or Other Pacific Islander (110)

_____ White (111)

(113) ELIGIBLE VETERAN STATUS (Must be other than dishonorably discharged. Check one below):

_____ Yes, Service for a period of less than or equal to 180 days

_____ Yes, Service for a period of more than 180 days

_____ Yes, Spouse of an eligible veteran

_____ No

DRIVER'S LICENSE- Do you have a valid State Issued Driver's License?

Yes _____ No _____ State: _____

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ELIGIBILITY FOR GRANT FUNDING.

This confidential information is requested to comply with federal reporting requirements of the U.S. Department of Labor.

(114) CHECK HIGHEST EDUCATION LEVEL ATTAINED:

(Check one selection only for highest level completed or enter number of post high school years completed)

_____ Number of college, or full-time technical or vocational school years completed

_____ Bachelor's Degree

_____ High School Diploma

_____ GED or Equivalent

_____ Other Post-Secondary Degree or Certification

_____ Associate's Diploma or Degree

_____ Post-Secondary education certificate or diploma (non-degree)

(200) Employment Status at Participation:

_____ Employed

_____ Employed, but received notice of termination of Employment or Military separation

_____ Not Employed

EXPERIENCE: Do you have:

Experience in the oil and gas industry? Yes ___ No ___

Do you have any trade skills (pipefitting, welding, metal fabrication, mechanical skills, etc.)? Yes _____ No _____

Experience with computers, tablets, software, specialty hardware, and electronic devices? Yes _____ No _____

What types? _____

TRAVEL:

If you are approved for an internship, are you willing to travel?

Yes ___ No ___ How far? _____ miles

Are you willing to relocate throughout the Houston Metro Service Area? Yes ___ No ___

EMPLOYMENT OUTLOOK: The grant provides Career Preparation. Please advise what level of support that you feel you may need in the following areas:

Job search strategies: ___ Some ___ Moderate ___ Significant

Use of Social Media: ___ Some ___ Moderate ___ Significant

Resume Prep/Review: ___ Some ___ Moderate ___ Significant

Application Completion: ___ Some ___ Moderate ___ Significant

Interview Techniques: ___ Some ___ Moderate ___ Significant

Follow-up Strategies: ___ Some ___ Moderate ___ Significant

College of the Mainland is committed to equal employment opportunity for all students, employees, and applicants without regard to race, creed, color, national origin, citizenship status, age, disability, pregnancy, religion, gender, sexual orientation, gender expression or identity, genetic information, marital status, or veteran status in accordance with applicable federal and state laws. No person including students, faculty, staff, part-time, and temporary workers will be excluded from participation in, denied the benefits of, or be subjected to discrimination or harassment under any program or activity sponsored or conducted by the College of the Mainland on the basis of the categories listed.

Employment and Training Plan

Name: _____ Date: _____

Congratulations on starting your new plan for your future. When you finish, you will have an Employment and Training plan to take with you. It will serve as a guide to help you on your path to achieving your goals.

I have the most experience doing this type of work (Choose 1 or more):

___ Working with People ___ Working with Things ___ Working with Data

Three Occupations that I would like to explore further are:

1. _____

2. _____

3. _____

Occupation/Training Available

- Mechanical Maintenance
- CNC Machinist
- Instrumentation
- Process Technology
- Project Management Professional (PMP)
- Electrical
- Drafting
- Welding
- HVAC
- Six Sigma (Green or Black)

My top three areas of Training are:

1. _____

2. _____

3. _____

My Training and Employment Goals

Short Term Goal (6 months - 1 year): _____

Long Term Goal (2 - 5 years): _____

Every long-term goal is made up of many short term goals and steps. As you get closer to your long-term goal, you will set new short term goals. The steps I need to take now to reach my long-term goals are:

Step	Date to complete step
1.	
2.	
3.	
4.	

Participant Expectations

- I. Please complete the GCRTW application packet
 - a. Supporting documentation
 - i. College transcripts (Unofficial are fine) or copy/picture of your degree/certification
 - ii. Current Resume
 - iii. Printed Confirmation of workintexas.com registration
 - iv. Successful Drug Screen/Background Documentation
 - v. Documentation of age and citizenship
 1. Copy of U.S. Passport
 2. Copy of driver's license AND birth certificate
 3. Copy of driver's license **AND** SSN Card
 4. Copy of Permanent Resident Card
 5. Selective Service (men only)
 - vi. Veterans and Eligible Spouses
 1. DD214 with character of discharge
 2. Orders
 3. Disability eligibility letter
 - b. Applications/documents can be submitted via email (contact grant staff for password), fax or in person.
 - c. Only submit documents to grant staff.
 - d. It is the participant's responsibility to ensure receipt of an email which documents grant approval and then a written confirmation that you are, indeed, included on the roster. Recommend Weekly follow-up.
- II. Assessment Testing – An assessment test may be required by the Grant in order to assess a participant's skills and evaluate for individualized training program. Scores must be returned to Grant staff.
- III. Course Selection–Email program course requests to GCRTW-Grant@com.edu
 - a. If you commit to and are registered for a class and must cancel, notification must be made via email at least 1 week before the class start date. It is the participant's responsibility to ensure staff received email.
 - b. If you commit and no-show without the appropriate notice, you will not be eligible to participate in additional grant activities or funding. Grant will not pay for same class more than once.
 - c. If you have an emergency situation that can be documented, staff will review on a case-by-case basis
 - d. Attendance, classroom etiquette, and completion is expected for all classes. Excessive absences (lost hours) will result in a non-mastery (non-passing) grade, which renders the participant ineligible to sit for certification exams where applicable and/or will not receive certificate of completion/course credit.
 1. This includes Virtual Courses because, as for the grant purposes, attendance is still mandatory and online participants must show some form of log on attendance.
 2. DO NOT leave materials/books in the classroom
 - e. You will receive an email notification to prepare for your class about one week prior to start date.
- IV. Certification Exams (Where Applicable)
 - a. In order to sit for the certification exam you must successfully complete the course.
 - b. In order to take your next course, you must successfully pass the certification exam to the first course. I
- V. understand and consent to receive regular email and phone contact from the grant staff throughout the life of the project and submit all copies of certificates of completion/grades/attendance records immediately upon completion of course or when requested.

Printed Name

Signature

Date



Gulf Coast Ready to Work Grant Checklist

1. Complete the application in its entirety (indicate N/A if it does not apply)
2. Copy/picture of degree or transcripts at minimum high school or equivalent (unofficial is fine)
3. Current Resume
4. Provide documentation of drug screen and background check **AFTER staff determines eligibility.**
Background instructions)
 - a. May be waived if employer submits documentation directly to grant staff and if testing was completed within last 12 months.
5. All participants must register with Workforce Solutions:
(https://wit.twc.state.tx.us/WORKINTEXAS/wtx?u=1420490300610&pageid=JV_USE_AGREEMENT)
 - a. Be sure to print and submit the Create Logon Confirmation Page with your application
6. Proof of Selective Service registration
7. Employment and Training Plan

AND

One of the **numbered** options below (**originals must be brought in to be validated**):

1. U.S. Passport
2. Driver's license and birth certificate
3. Driver's license and SSN Card
4. Permanent Resident Card

Veterans and Eligible Spouses must submit one of the following (veterans preference will be given to eligible participants):

1. DD214 with Character of Discharge
2. Orders documenting call to Active status from reserve
3. Veterans Disability Eligibility Letter

Note - The grant staff may request more information or testing in addition to these requirements.

Individuals interested in applying are required to submit legible copies (via scan or fax transmission) to Grant staff at (GCRTW-Grant@com.edu). Please contact grant staff via email **prior** to submission in order to be issued a password for your documents. If you would like to submit documents in person, please do so between (8 am - 4 pm, Mon - Fri) and bring them to the Industrial Education Building located on College of the Mainland's Main Campus (1200 N. Amburn Road, Texas City, TX 77591).

****Please note that meeting qualifications or being determined eligible does not guarantee admittance into the programs nor any obligation to provide services and/or training through the DOL H-1B GCRTW Grant.**

For examples go to www.com.edu/ce/gcrtw-grant/examples