

CAREER INFORMATION FORM TANF Youth ITA

Name:

1. Why did you choose this training?
2. Will you be able to keep up with your school work and other responsibilities if entering this training?
3. Please notate other responsibilities besides school below and how you will handle all of them.
4. Do you have transportation in place to go to and from this training?
5. Please list transportation method.
6. Do you have a criminal history or other barrier that will not allow you to obtain training or employment in this career field?
7. Please explain below. If yes, please provide a copy of your background check to ensure you are able to be employed in this occupation upon completion.
8. Do you hope to find full-time employment after completion of this training?
 - a. If so, name three career options or possible employer groups available to you in this field.
(Example: Nurse Aide – Nursing homes, Home health agencies, Hospitals; Truck Driver – Freight companies, Companies with short delivery, Bus drivers)
 - b. What employment are you hoping to enter upon completion?
 - i. Does that employment match your workplace values?

Which specifically?
 - ii. What is the starting wage for this career?

Will that wage sustain your needs and meet your expectations?

Please describe.
6. Are you using this training as a stepping stone for further education in the future?
 - a. If so, what certification/degree/license could you use this certification to build off of? (Example: you obtained your CNA and would like to then get your LPN)

b. What training providers or colleges provide those certification/degrees/licenses?

i. What is the cost of the trainings listed above?

ii. How would you afford those trainings?

iii. What are other options for financial assistance?

Participant Signature & Date

TANF Program Representative Signature & Date