



Vocational Explorations

Program Application

Applicant Information

Full Name: _____ SS#: _____
First Middle Last

Age: _____ Date of Birth: _____ Place of Birth: _____ Sex: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Disability: _____

Name of VR Counselor referring you to this program: _____

Counselor's Phone #: _____ Counselor's Email: _____

Name of Closest Relative: _____ Relationship to you: _____

Relative's Address: _____ Phone #: _____

Email: _____

Which category or categories best describe(s) you: *Select ALL boxes that apply. You may select more than one.*
**This information is used for further verification when conducting a background check.*

- Asian
- Black or African American
- Hispanic, Latinx, or Spanish Origin
- Middle Eastern or North African
- Native American or Alaskan Native
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer
- Not listed: _____

Equal Opportunity Statement

Hands On Educational Services, Inc. is an equal opportunity training / placement service and does not discriminate against any persons regardless of race, sex, sexual orientation, disability, nationality, religious beliefs, or ethnic background.



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Are you a citizen of the United States?

YES NO

If no, are you authorized to work in the U.S.? YES NO

Attach copies of Drivers License, SS Card, and Work Permit (if applicable)

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Do you have any limitations that prohibit you from performing certain tasks? _____

If yes, explain: _____

Education

High School: _____ City: _____ Grad Date: _____

Highest grade completed in school: _____ (High School diploma is not required)

Strongest School Subject: _____ Weakest School Subject: _____

Please list any degrees and / or certificates you have obtained:

College / Vo-Tech	Degree / Certificate earned	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Interests

List 2-3 types of positions / industries you are interested in: _____

Please list three places of employment, located near your home, that you would like to explore.

Company: _____ Phone: _____

Address: _____

Company: _____ Phone: _____

Address: _____

Company: _____ Phone: _____

Address: _____

References

Please list three references. If you have been employed, include at least one employment reference. If not, you may use a teacher or instructor.

Full Name: _____ Relationship: _____
 Email: _____ Phone: _____

Full Name: _____ Relationship: _____
 Email: _____ Phone: _____

Full Name: _____ Relationship: _____
 Email: _____ Phone: _____

Accommodations and Medical Questionnaire

Please complete this questionnaire so that we may best meet your individual need while enrolled in our program.

Section A

- I am in good health, take no prescription medications, and require no special assistance or equipment in order to complete the vocational training program. (If you check this statement, skip to section B, item 4)
- I do take prescription medications or require special assistance or equipment in order to complete the vocational training program. (Please explain in section B)

Section B

1. List all prescription and non-prescription medications that you are taking. Please remember that you are required to provide enough medication to last throughout the training program:

2. List any side effects that you may experience from these medications while taking them or if you miss a regular dose. Include information on seizures – type and frequency.

3. Check any of the following that you may require to meet your needs during the training:

- Wheelchair Access or Transportation
- Interpreter – please list type: _____
- Special Equipment – please list type: _____
- Special Diet – type: _____

4. List any food or medication allergies you may have. Please describe reactions.

5. List any physical limitations you may have. (Heavy lifting, prolonged standing, etc)

6. List any other concerns or issues that we can assist you with while enrolled in this training program. Feel free to attach additional sheets if you require more space.

Applicant Statement

Please state in your own words, why you are applying for enrollment in this training program. Tell us a little more about yourself and what your goals are regarding employment.

Please list any questions you may wish to ask the Program Director. This will help you organize your thoughts so you don't forget to address a specific concern or issue.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application could result in dismissal from the program and any employment connected with Hands On Educational Services. I also understand that I may be required to complete and pass a drug screening prior to starting employment and that a criminal history check will be conducted using the information that I have provided.

Print Name: _____

Signature: _____ Date: _____

Digital Signatures accepted. If you are not able sign digitally, please print out the application and scan/email it to info@handsoneducation.net or mail to: Hands On Educational Services, Inc. P.O. Box 261987 Tampa, FL 33685-1987

Phone: (813) 886-5600 • Toll-Free: 1-866-886-5600 • Fax: (813) 886-5684 • Email: info@handsoneducation.net



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IMPORTANT – A \$35.00 Non-Refundable application fee is required prior to applications being processed.

IF YOU FAX OR EMAIL THIS FORM YOU STILL MUST MAIL APPLICATION FEE AND COPIES OF DRIVERS LICENSE, SS CARD, AND WORK PERMIT (IF APPLICABLE) TO THE ADDRESS BELOW:

**Hands On Educational Services, Inc.
P.O. Box 261987
Tampa, FL 33685-1987**

Note to VR Counselors: You will be emailed an application fee invoice upon receipt of client application.