

WORC

Women's Opportunities Resource Center, Inc.

IF YOU LEAVE ANY BLANK SPACES ON THIS APPLICATION, WE WILL NOT BE ABLE TO PROCESS IT AND YOU WILL NOT BE CALLED IN FOR AN INTERVIEW. ATTENDANCE AT ORIENTATION DOES NOT GUARANTEE YOUR ACCEPTANCE INTO EITHER PROGRAM.

Name _____
(First, Middle Initial, Last)
Address _____
(Street Number)

(City, State, Zip)
County _____
Orientation Date _____
Birth date _____ Sex _____ F _____ M
Social Security Number _____ - _____ - _____
Telephone # (_____) _____ - _____

Who is your state representative? _____

Who is your state senator? _____

Do you have a disability? _____ Yes _____ No

(_____) _____ - _____ (work)
Relationship Status

Are You Head of a Household? _____ Yes _____ No

_____ Married _____ Single _____ Separated
_____ Divorced _____ Living with Partner
_____ Widowed

Educational Background

Circle the Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

_____ Received 2-year Degree

_____ Received 4-year Degree

_____ Received High School Diploma / GED

_____ Graduate Level Training

_____ Some College Courses

_____ Received Advanced Degree

_____ Attended Vocational / Technical Training

Ethnic Background

_____ African American

_____ Asian/Pacific Islander

_____ Caucasian

_____ Hispanic

_____ Native American

_____ Other

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

Are you a Veteran? _____ Yes _____ No

If No, are you a permanent resident?

_____ Yes _____ No

Current Major Source of Income (Check all that apply)

_____ Working Full-Time (More than 35hrs. per week) Salary \$ _____

_____ Other Household Income

_____ Working Part-Time (Less than 35hrs. per week) Wk Income \$ _____

_____ Social Security

_____ Self-Employed Full-Time

_____ SSI / SSDI

_____ Self-Employed Part-Time

_____ Unemployment Compensation

_____ Public Assistance

If you checked Public Assistance, what kind?

_____ Food Stamps

\$ _____ Amount you receive monthly

_____ AFDC / General Assistance

\$ _____ Amount you receive monthly

_____ Medical Assistance

\$ _____ Amount you receive monthly

_____ Other

\$ _____ Amount you receive monthly

How long have been receiving public assistance? _____ yrs

What is your Annual Gross Individual (not household) Income? \$ _____ (If you do not know your yearly income than Please indicate if it is monthly or weekly)

What is your Annual Gross Household Income? \$ _____

Family Household Size: _____ Number of Adults (18yrs and older) _____ Number of Children (Less than 18yrs old)
(Include yourself)

How did you hear about our programs? (please specify)

_____ Newspaper _____	_____ TV / Radio _____
_____ Family / Friends _____	_____ Former / Current Clients _____
_____ From Gov't Agency _____	_____ Referred by Another Organization _____
_____ Other _____	_____ Referred by Bank _____

List Children and other Dependents

	Name	Age	School / Daycare Facility
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Emergency Contact:

Name / Relationship _____ Telephone (____) _____

Address _____

References:

Please list below two people who can vouch for your personal character or technical expertise (i.e., boss, co-worker, customer, landlord, etc.)

	Name	How Acquainted?	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____

EDUCATION AND WORK HISTORY (a resume may be substituted for the next two sections)

Education

School	Name and Location	Number of Years	Degree?	Special Concentration?
_____	_____	_____	_____	_____

HIGH SCHOOL

COLLEGE

OTHER

Employment and Job Training History

List below the jobs and job training you have had. Start with your current or most recent experience and work backwards. If more space is needed, please attach a second page.

Name and Address of Employer or Job Training Program	Dates	Salary	What was Your job?	Reason for Leaving
1.	<u>From</u>	_____	_____	_____
	To	_____	_____	_____
2.	<u>From</u>	_____	_____	_____
	To	_____	_____	_____
3.	<u>From</u>	_____	_____	_____
	To	_____	_____	_____

Business Information:

Which category best describes your stage of business development?

- I would like to start a business and have several possible ideas.
- I have selected a business idea and need direction to get started.
- I have started my business (informally).
- I am running a business venture.
- Are you licensed?

Business Name: _____

The business is / will be located in _____ my home _____ a retail location _____ other _____

Type of Business:

- | | |
|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation or Utilities |
| <input type="checkbox"/> Service: | <input type="checkbox"/> Food Service Production |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Wholesale / Sales Rep. |
| <input type="checkbox"/> Business | <input type="checkbox"/> Retail / Trade |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Green / Environment | <input type="checkbox"/> Finance / Insurance / Real Estate |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Other |

Do you Import / Export?

What related experience, training or skills do you have for this kind of business (i.e., prior job, skill, hobby or education).

In a short paragraph, please describe your business. Possible items to include are: Your product / service; your customers, who they are and why they buy from you; your competition; your hours, location, employees; your advertising, etc.

In order to adequately plan for your business' success, you also need to have an idea about the physical needs for your business. What do you see as the needs of your business in terms of raw materials, location and financing.

In SET, a minimum of 20% of your own cash or equipment must be invested in your business to qualify for financing. Assuming your project costs \$10,000, then \$2,000 equity is needed. What would your plan be to raise this amount?

Are you interested in:

- _____ Self Employment Training (Sign A below)
- _____ Start Smart and Individual Business Assistance (Sign B below)

If you have a preference as to location and time, please indicate.

A. SELF-EMPLOYMENT TRAINING (Daytime Classes)

There are a limited number of openings for Self-Employment Training. Please describe what you hope to gain from the program and why you should be accepted.

I am requesting Self-Employment training from the **WOMEN'S OPPORTUNITIES RESOURCE CENTER (WORC)**. I have completed this application honestly and have read Eligibility Guidelines. I am willing to abide by those guidelines. I agree to release any information to counselors and third-party business assistance providers that is relevant to the assistance being provided. I understand that my completion of WORC's Self-Employment Training is in no way a guarantee of financing nor is it any assurance of business success. I waive my rights to all claims against, **WORC, WORC's staff, WORC's Advisory Council and/or WORC's cooperating business assistance providers.**

Date Completed	Applicant's Signature	Print Name
* * *	* * * * *	* * * * *
	* *	

B. START SMART Evening [] or Day []
INDIVIDUAL BUSINESS ASSISTANCE Clients, only

I am requesting management assistance from the **WOMEN'S OPPORTUNITIES RESOURCE CENTER (WORC)**. I have completed this application honestly and have read Eligibility Guidelines. I am willing to abide by those guidelines. I understand that I am responsible for WORC's fees of Seventy-five (\$75.00) Dollars for the Start Smart Classes and between \$5.00 and \$15.00 per hour which will be charged for WORC's assistance. I agree to release any information to counselors and third-party business assistance providers that is relevant to the assistance being provided. I understand that my completion of WORC's Business Assistance Programs is in no way a guarantee of financing nor is it any assurance of business success. I waive my rights to all claims against WORC, WORC's staff, WORC's Advisory Council and/or WORC's cooperating business assistance providers.

Date Completed	Applicant's Signature	Print Name
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Thank you for your application. Please return it to:

WORC

Women's Opportunities Resource Center, Inc.
2010 Chestnut Street
Philadelphia, PA 19103 (215) 564-5500
