

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
Relationship Status _____ (work)

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
If No, are you a permanent resident? _____ Yes _____ No
Are you a Veteran? _____ 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 |
|----------------|-----------------------|------------|

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**
