

Emergency Housing Consortium
Cisco Networking Academy

Application

Name _____ Date of Birth ____/____/____

Street Address _____

City _____ Phone _____

E-mail address _____

Highest Level of Education Reached:

Some High School

High School Graduate/GED

Some College

AA Degree

BA/BS Degree

Other Training

If you have had other training, please specify _____

If a refresher course was offered in math and English would you be interested in attending?

Yes

No

Language spoken other than English _____

Are you currently employed?

Yes

No

Work experience:

Current _____

Previous: _____

Are you currently or formerly an EHC client? Yes No

If yes, please state Case Manager _____

Start date in EHC program _____

Completion date in EHC program _____

Please list all computer skills _____

Please state why you are interested in the Cisco Networking Academy

Will you need childcare? Yes No

If yes, please list the ages of your child(ren) _____

Please indicate your hours of availability for class.

Monday - Thursday
1pm – 4pm

Monday - Thursday
6:30pm – 9:30pm

Only 20 applicants will be considered for each class. Priority registration will be given to former/current EHC clients. All other qualified applicants will be selected for the program via a lottery. All dates are subject to change.

Signature _____ **Date** _____