

APPLICATION FORM

- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- ☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ **Black or African American:** A person having origins in any of the black racial groups of Africa
- ☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

GENDER ☐ Male ☐ Female ☐ Non-binary/ third gender ☐ Self-described: _____ ☐ Prefer not to say

AGE Date of birth: / / Age: _____
Month Date Year

TERM YOU ARE APPLYING FOR ☐ Fall ☐ Spring 20_____

Courses (please visit **cooper.edu/immigrant-retraining** for complete course descriptions):

FAMILY AND CHILDREN

5. Total number of people in household including yourself: _____
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
6. Do you have any children? ☐ Yes ☐ No (If NO, skip to question #7)
6a. If YES, how many children live with you now? _____
6b. Of the children who live with you, what are their ages? _____, _____, _____, _____,

GENERAL EMPLOYMENT HISTORY

7. Have you ever been employed in the USA? ☐ Yes ☐ No (if NO, skip to question #8 on next page)

7a. Please briefly describe your work experience IN THE USA, starting with the most recent:

From:	To:	Title	Company/Industry	Location
From:	To:	Title	Company/Industry	Location

7b. Last job's wages: _____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year

7c. Hours worked per week: _____

7d. Employment history in your HOME COUNTRY:

From:	To:	Title	Company/Industry	Location
From:	To:	Title	Company/Industry	Location

EDUCATION

8. Highest education completed:

☐ Some college/vocational Graduated? ☐ Yes ☐ No

☐ Associate's Degree

	Name of institution	Year of Grad	Area of Study
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☐ Bachelor's Degree

	Name of institution	Year of Grad	Area of Study
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☐ Master's Degree ☐ Ph.D.

	Name of institution	Year of Grad	Area of Study
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9. Have you received any other educational training in USA? ☐ Yes ☐ No

9a. If YES, what? (specifics) _____

10. Have you attended any other job training programs in USA? ☐ Yes ☐ No

10a. If YES, what types of programs did you attend? ☐ Job Readiness programs, and/or

☐ Specific skill programs, What skill? _____

SKILLS

11. Please list at least five professional skills/strengths (for example: cost estimation, organic chemistry)

11a. _____

11b. _____

11c. _____

11d. _____

11e. _____

HOUSING AND FINANCES

12. Housing at intake: ☐ Rent apartment/house ☐ Own apartment/house

☐ Family/friends ☐ Homeless shelter ☐ Other, What? _____

13. How many people do you live with? Adults _____ Children _____

How many people are you supporting in the US? _____ Outside the US? _____

14. Primary sources of income: (family, job, savings): _____

15. What other sources of income are you receiving? (check all that apply)

☐ SSI/SSD ☐ Unemployment ☐ Food stamps ☐ Public assistance ☐ Child support ☐ VA benefits

☐ Spouse/family income ☐ Insurance ☐ No other sources ☐ Other, What? _____

16. What type of health insurance do you have for yourself?

☐ None ☐ Medicaid ☐ Private/other insurance, What? _____

17. What type of health insurance do you have for your children?

☐ Don't have children/children don't live with me/children are older

☐ None ☐ Medicaid ☐ Child Health Plus ☐ Private/other insurance, What? _____

BARRIERS TO EMPLOYMENT

English language Proficiency

18. Describe your English language proficiency
- ☐ Limited Working Proficiency: Able to satisfy routine social demands and limited work requirements
 - ☐ Minimum Professional Proficiency: Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.
 - ☐ Full Professional Proficiency: Able to use the language fluently and accurately on all levels pertinent to professional needs.
 - ☐ Native or Bilingual Proficiency: Equivalent to that of a native speaker.
19. Have you attended an ESL program? ☐ Yes ☐ No
- 19a. If YES, for how long? _____
20. Do you need additional technical/professional English practice? ☐ Yes ☐ No

Steps Already Taken towards Career Development

21. What steps have you taken towards career development? (check all that apply)
- ☐ Completed a resume
 - ☐ Searched online for positions
 - ☐ Applied online for positions
 - ☐ Networked with individuals in your field
 - ☐ Enrolled in employment assistance programs (Upwardly Global, Workforce 1, etc.)
 - ☐ Had an interview (with what company?) _____
 - ☐ Other: _____

Computer Access and Skills:

22. Do you have a computer with internet connection at home? ☐ Yes ☐ No
- Microsoft Word: ☐ Beginner ☐ Intermediate ☐ Advanced
- Microsoft Excel: ☐ Beginner ☐ Intermediate ☐ Advanced
- Other computer skills: _____

I certify that all information given in this application, supporting documents, and interviews are correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application may disqualify my application.

Signature _____

Date _____



RETRAINING PROGRAM FOR IMMIGRANT ENGINEERS @ CAMBA THE COOPER UNION ALBERT NERKEN SCHOOL OF ENGINEERING

AGREEMENT | NOTICE OF CHANGES

I, (Last Name, First Name) _____

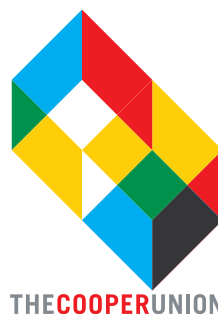
a participant of Cooper Union Retraining Program for Immigrants, promise to notify in writing
The Cooper Union within thirty (30) days of any change in my address, telephone number, employment status,
salary, employer's name and/or location.

I understand that this information will be confidential and is to be used only for statistical purposes
to support Retraining Program for Immigrants

I understand that this information, especially job-related data, is critical to the Program's ability
to continue offering free classes.

Signature: _____

Date: _____



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PERMISSION AND RELEASE

In consideration of my participation in CAMBA programs, events or activities, I irrevocably give permission to CAMBA to utilize my name, voice, statements, photograph, image, likeness, actions, biographical data, artwork, written work or other work, in any media, developed or presented by me or with respect to which I have rights or claims, in connection with any CAMBA program or activity in video footage, print display or other transmission or reproduction, in whole or in part, for broadcast, promotional, commercial, sales related or other uses deemed suitable by CAMBA, in perpetuity worldwide, in any media whether now known or hereafter created without any additional consideration. I hereby release CAMBA from any and all claims, damages, liabilities, costs and expenses which I now have or hereafter have by reason of any use thereof. I further indemnify CAMBA against any and all claims, damages, liabilities, costs and expenses arising out of the use of ideas and words expressed by me.

I AGREE AND ACCEPT THE ABOVE CONDITIONS:

Signature _____ Date _____

Print Name _____

Address _____

City _____ State _____ Zip _____

