

***HOPE Readiness & Job Training Program***

APPLICATION

Please answer **all** questions.

***About You:***

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Apt.\_\_\_\_\_\_\_\_\_\_
4. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Day telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your preferred method of communication?

□ Home phone □ Cell phone □ E-mail □ Text message □ Mail

1. Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list the names and contact information for two people who can act as a reference for you. **(PLEASE *do not include relatives or close personal friends.)***

Name:

Address:

City, State, Zip Code:

Daytime Telephone number:

Relationship:

Name:

Address:

City, State, Zip Code:

Daytime Telephone number:

Relationship:

***About Your Family:***

Are you parenting? □ Yes □ No Or a custodial grandparent? □ Yes □ No

1. If yes, please list the names and ages of all children you are currently parenting:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Grade | School |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Do you currently have child care arranged for your child(ren) for the entire length and times of the program?  Yes  No  N/A

If no, what are your plans for childcare? Please be specific.

1. If your child is sick and cannot attend school/child care, what is your backup plan so that you can still attend class? Be specific.

1. Please indicate the number of members in your household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***About Your Income:*** *\*HOPE reserves the right to require verification for household income to confirm eligibility for enrollment into the program.*

1. Check all boxes that indicate your source of household income and write the monthly amount received on the line provided for ALL members of your household (each person who lives with you)\*

 (Enter monthly amounts)

* Employment, full time with benefits $\_\_\_\_\_\_\_\_\_\_\_
* Employment, full time without benefits $\_\_\_\_\_\_\_\_\_\_\_
* Employment, part time with benefits $\_\_\_\_\_\_\_\_\_\_\_
* Employment, part time without benefits $\_\_\_\_\_\_\_\_\_\_\_
* Seasonal employment (# of months) $\_\_\_\_\_\_\_\_\_\_\_
* Temporary employment (# of months) $\_\_\_\_\_\_\_\_\_\_\_
* Unemployment $\_\_\_\_\_\_\_\_\_\_\_
* TAFDC/EAEDC $\_\_\_\_\_\_\_\_\_\_\_
* SSI $\_\_\_\_\_\_\_\_\_\_\_
* SSDI $\_\_\_\_\_\_\_\_\_\_\_
* Veteran’s Benefits $\_\_\_\_\_\_\_\_\_\_\_
* Food Stamps $\_\_\_\_\_\_\_\_\_\_\_
* Child support $\_\_\_\_\_\_\_\_\_\_\_
* Alimony $\_\_\_\_\_\_\_\_\_\_\_
* Social Security survivor benefits $\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

**TOTAL monthly income** $\_\_\_\_\_\_\_\_\_\_\_

1. What other benefits do you receive?
* WIC
* Mass Health
* Medicare Coverage
* Child Care Voucher
* Fuel Assistance
* Section 8, public housing, or other rental assistance. Specify:
* TAFDC / TANF Transportation Services
* Other:
1. DTA Case Worker  N/A
* Name:
* Office:
* Telephone #
1. Who referred you to our program? (How did you hear about us?)
* Department of Transitional Assistance (DTA)
* Massachusetts Rehabilitation Commission (MRC)
* One Stop Career Center
* Battered Women’s Resources (BWR)
* Community Health Center
* Human Services Agency, such as North Central, You, Inc. or Community Healthlink (CHL)
* Public Schools
* Newspaper
* Public Access Television
* Posting (name location)
* Other
1. Do you work with any other agencies? Please check off which ones.
* Department of Children and Families (Formerly DSS)
* Childcare Resources
* Department of Mental Health
* Veterans’ Administration
* Alcoholics Anonymous
* Narcotics Anonymous
* Gardner Housing Authority
* RCAP Solutions

***About Your Education and Previous Work:***

1. What is the highest level of education you have completed (and what grade level if applicable)? Please list the name of the school attended and its location on the line beside each grade level.
* Grade School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Middle School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Some High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* High School diploma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* GED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Trade School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Some College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Associate’s Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bachelor’s Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Beyond College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. If currently employed, by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been employed there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list your last 3 places of employment, starting with the most recent first.

1) Company

 Position

How long employed there (please provide dates)

Reason for leaving

Salary

2) Company

 Position

How long employed there (please provide dates)

Reason for leaving

Salary

3) Company

 Position

How long employed there (please provide dates)

Reason for leaving

Salary

1. Please rate yourself on the following characteristics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | **Exceptional** | **Above Average** | **Average** | **Fair** | **Poor** |
| Punctuality |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Commitment |  |  |  |  |  |
| Follow Through |  |  |  |  |  |
| Perseverance |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Listening |  |  |  |  |  |
| Following Directions |  |  |  |  |  |
| Accepting Constructive Criticism/Correction |  |  |  |  |  |

1. If your career goals require additional education/training, are you interested in furthering your education directly following the completion of this program?  Yes  No
2. To what extent do you think the following are likely to challenge your ability to go back to school/work?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Highly Likely** | **Likely** | **Not Very Likely** | **Not at All** |
| Needing Childcare |  |  |  |  |
| Needing Transportation |  |  |  |  |
| Lack of Financial Aid |  |  |  |  |
| Overall Costs of Tuition |  |  |  |  |
| Needing to Work |  |  |  |  |
| Needing Training/School |  |  |  |  |
| Medical Conditions |  |  |  |  |

1. For the following areas, please rate your preparedness for college/higher education/training/work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** |
| Overall academic readiness |  |  |  |  |
| Math |  |  |  |  |
| Reading |  |  |  |  |
| Writing skills |  |  |  |  |
| Computer skills |  |  |  |  |
| Knowing what college will be like |  |  |  |  |

***About Your Computer Skills:***

1. How often do you use a computer?

 Everyday  At least once a week  Once a month  Not at all

1. Computer Experience: Check the box which indicates your level of experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Software or Skill** | **None** | **Beginner** | **Intermediate** | **Advanced (2+ yrs)** |
| Windows |  |  |  |  |
| Outlook |  |  |  |  |
| Internet |  |  |  |  |
| Keyboarding |  |  |  |  |
| Word |  |  |  |  |
| Excel |  |  |  |  |
| PowerPoint |  |  |  |  |

1. Where do you use a computer?

  At home  At work  At a community center  At the library  At friend’s

1. Have you ever taken a computer class?  Yes  No

If yes, where and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***About Your Goals:***

What makes you a strong candidate for the HOPE program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why do you want to enroll in the *HOPE Job Readiness and Training Program*? Check all that apply.

❒ Computer skills

❒ Assistance deciding what I want to do for a career

❒ Assistance getting a job

❒ Assistance getting a higher paying job

❒ Assistance going back to school

❒ I need to do something to keep my DTA benefits

❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your career goals? Be specific:

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you think the *HOPE Job Readiness and Job Training Program* can help you achieve your goals?

***Entrance Essay:***

1. In a short essay, please answer the question, “What kind of life do you want to create for yourself and your family? How will the *HOPE Job Readiness and Training Program* help you to accomplish that goal?”

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Demographic Information***

The following questions are for internal purposes only and will be kept confidential. The information you provide is used anonymously for statistical and grant reporting purposes only and will not affect your chances of being accepted into the *HOPE Job Readiness and Training Program*. Thank you.

1. Race:
* Black or African American
* Asian
* Native Hawaiian or other Pacific Islander
* Native American or Alaska Native
* Caucasian
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Ethnicity:
* Hispanic/Latino (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Non-Hispanic/Latino
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What is your primary language?
* English
* Spanish
* French
* Haitian Creole
* Portuguese
* Asian
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Are you an immigrant to the US? □ Yes □ No
2. What is your current immigration status?
* Citizen
* Permanent Resident
* Refugee
* Undocumented
1. Are you legally able to work in the United States upon the completion of this program? □ Yes □ No
2. Marital Status
* Married
* Single
* Separated
* Co-habituating
* Divorced
* Widowed
1. Are you homeless? □ Yes □ No

If yes, how long have you been homeless? (Please answer in months) months.

1. Do you feel you are at risk of becoming homeless? □ Yes □ No

***About Your Safety:***

1. Do you feel safe in your home? □ Yes No □
2. Are you currently or have you been in a domestic abuse or violence situation? □ Yes □ No
3. Do you need assistance in finding and using services for domestic abuse or violence? □Yes □No

|  |
| --- |
| **For Office Use Only:**⁮ Accepted ⁮ Follow-up needed⁮ Not Accepted ⁮ Referral to other resources made Accepted into \_\_\_\_\_\_\_\_\_\_\_\_\_ classNotes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff Signature Date |