



EP!C Computer Training  
Trainee Application & Intake Form

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

**CONTACT INFORMATION**

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ School (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Guardian(s) if applicable: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact person (if different from above): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**COMPUTER EXPERIENCE**

Have you used a desktop computer? ☐ Yes ☐ No

Have you used other devices (iPad, laptop, tablet, etc.)? ☐ Yes ☐ No

**WORK EXPERIENCE**

Please tell us about any work experience you may have. Please include:

- 1) Where you worked                      2) Your job title                      3) How long you worked there

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Are you currently working?: ☐ Yes ☐ No                      If, "yes" how many hours per week? \_\_\_\_\_

Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**PERTINENT INFORMATION**

Highest level of education completed (circle): 6 or fewer years   7   8   9   10   11   12   higher

Degree(s) if applicable: \_\_\_\_\_

Have you completed vocational training? ☐ Yes ☐ No

Can you read? ☐ Yes ☐ No Grade Level: \_\_\_\_\_

Math Skills: ☐ Very basic (addition/subtraction) ☐ Higher level

Are you able to take directions? ☐ Yes ☐ No

Are you able to follow directions? ☐ Yes ☐ No

Are you able to speak? ☐ Yes ☐ No

Are you able to hear? ☐ Yes ☐ No

Do you have any physical limitations that would limit your participation? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Specific accommodations needed

\_\_\_\_\_

\_\_\_\_\_

How will you get to class every day?

\_\_\_\_\_

What do you hope to accomplish by completing the training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL INFORMATION

What is your disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have seizures? ☐ Yes ☐ No

Do you take medication? ☐ Yes ☐ No

If yes, please list all medications: \_\_\_\_\_

\_\_\_\_\_

Do you have any behavior problems? ☐ Yes ☐ No

If yes, please describe

\_\_\_\_\_

\_\_\_\_\_

Are you your own guardian? ☐ Yes ☐ No

## POLICY & PAYMENT

Session:	Fee:	# of Registrants:	Cost:
Culinary Class	\$100 x	_____	_____

**Make a donation?** Your tax-deductible donation will help us to further our mission of enriching the lives of people with disabilities.

+ \_\_\_\_\_

**TOTAL =** \_\_\_\_\_

**\*Payment is due on first night of class- please do not send payment with form.\***

We accept cash or check made payable to EP!C.

### Registration and Cancellation Policies

- **REGISTRATION DEADLINE: MONDAY, JANUARY 15.** Please mail or drop-off form to the address below.  
EP!C  
Attn. Kelly Stewart  
1913 W. Townline Rd.  
Peoria, IL 61615
- This form must be completed in its entirety in order for student to be registered.
- Please notify us of any cancellations at least one week in advance.
- No refunds will be given after class has begun.
- Student will be dropped from the class if payment is not received by the first session.
- EP!C reserves the right to drop a student from the class at any time due to behavioral or other issues that affect our ability to effectively serve the student and/or class.

We consider all applicants without regard to race, color, religion, gender, ancestry, marital status, veteran status, national origin, sexual orientation, age or disability and any other legally protected status.

Thank you for completing this form and for your interest in training for employment in the technology industry.

## AGREEMENT AND SIGNATURE

Name (printed)	
Signature	
Date	