



Manufacturing Basics Certification Program Application

[Visit lincolnmufacturingcouncil.org](http://lincolnmufacturingcouncil.org)

Application Deadline: October 12, 2023

Please submit application to Chloe Higgins, chiggins@selectlincoln.org

TELL US ABOUT YOURSELF

First Name _____ Last Name: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Are you legally authorized to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Do you have any prior manufacturing experience? (*Experience not required*) Yes No

Will you be able to attend every class in this training program? Yes No

On a scale of 1-5 with 5 being extremely interested and 1 being not at all, how interested are you in a career in manufacturing?

1

2

3

4

5

What is your current employment status? (*This question helps determine our source of funding and your answer will remain anonymous*)

I have a full-time job (I am employed and work 30 hours a week or more)

I have a part-time job (I am employed and work less than 30 hours a week)

I am unemployed and looking for work

I am unemployed and not looking for work

PAST WORK EXPERIENCE

Company Name	Location	Position	Years Worked (example 2015-2017 or current)

EDUCATION

School Name	Location	Years Attended
High School		
Trade School/College		

Other training, certifications or licenses held: _____

In two-three sentences, tell us about yourself. (REQUIRED)

In two-three sentences, why are you applying for this program? (REQUIRED)

Eight hour shifts: Each company is different

What shifts work best for you?

1st Between 6am and 5pm

2nd Between 2pm and 12am

3rd Between 11pm and 8am

What days of the week are you available to work?

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
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If recruited for employment, would you be willing to consent to a background check?	Yes	No
1. If recruited for employment, would you be willing to consent to a background check?		

If recruited for employment, would you be willing to take a pre-employment drug screening test? Yes No

Will you bring any children with you to the class? (There is no additional cost for this service) Yes No

If yes, please list the names and ages of the children below so that childcare can be arranged:

Child's Name	Age	Child's Name	Age

Are you working with a case manager? Yes No

If you were referred to this program by your employer, a community organization, agency or religious institution, please provide the name of the case management or referring organization _____

Referral Name:

Phone number: _____ Referral email address: _____

I have completed this application truthfully and to the best of my knowledge.

Signature of Applicant

Date _____