

# Application for the Vending Facility Training Program

<b>Part 1—Contact and Basic Information</b>	
Name:	Date:
Street Address:	
City:	Zip:
Email Address:	
Phone:	Date of Birth:
Legally Blind? Yes <input type="checkbox"/> No <input type="checkbox"/> Gender M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Part 2—Required Documentation</b>	
HAVE YOU PROVIDED PROOF OF THE FOLLOWING? THESE DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION:	
<input type="checkbox"/> Age <input type="checkbox"/> U. S. Citizenship	
<input type="checkbox"/> High School Diploma or equivalency, or higher	
<input type="checkbox"/> Physician’s Statement of Client’s Health	
<input type="checkbox"/> Proof of bilateral visual impairment (legal blindness) from an optometrist/ophthalmologist	
<b>Part 3—Criminal Background Information</b>	
Have you ever been convicted of a felony or a first degree misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If “yes”, what charges?	
Where convicted?	
Date of Conviction:	

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or first degree misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", what charges?
Where?
Date:
Have you ever had the adjudication of guilt withheld to a crime which is a felony or first degree misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", what charges?
Where?
Date:
Are you now under charges for any violation of law? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: A "yes" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.  All the above information is true to the best of my knowledge. Client Signature:  District Office Home Counselor Name

**Note: All required documentation must be provided with this application or you will not be considered for the Business Enterprise Program.**