



# HealthCareer Pathways Application

(Please Print or Type)

## I. PERSONAL BACKGROUND

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

Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (Circle one): Male Female

\* Ethnicity (Circle one): Black, Non-Hispanic Hispanic American Indian or Alaskan Native  
White, Non-Hispanic Asian or Pacific Islander Other

How did you hear about HealthCareer Pathways? \_\_\_\_\_

## II. EDUCATION BACKGROUND

Starting Term:  Summer  Fall  Spring \_\_\_\_\_Year

College: \_\_\_\_\_

Career Pathway: \_\_\_\_\_

Currently enrolled (check all that apply):  Adult Basic Ed/GED  
 High School (currently attending)  
 Area Technology Center (currently attending)  
 KCTCS (currently attending)  
 Not enrolled

## III. EMPLOYMENT BACKGROUND

Are you currently employed?  Yes, full- time  
 Yes, part- time  
 No, seeking employment  
 No, not seeking employment

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Wage/Salary: \_\_\_\_\_

Annual household income: \_\_\_\_\_

Employer sponsored health insurance?  Yes  No

\*Optional information requested for reporting purposes only.

Please mail to: Dan O'Bryan, JCTC HealthCareer Pathways, 109 East Broadway – 9<sup>th</sup> Floor, Louisville, KY 40202