



New England Center for Arts and Technology
23 Bradston Street – Boston, MA 02118

Registration Form

Be available for class Monday through Friday 9 am to 3 pm.

Be curious, ready to learn and able to complete all homework assignments.

Be interested and eligible to work full time in the food service industry.

Your Information:

Name _____ Today's date _____

Street Address _____

Apt _____ City _____ State _____ Zip _____

Living Environment (home, rent or own, friend, shelter, transitional, veteran's home/shelter)

Is this a stable environment for the next 6 months? _____

Date of Birth ____/____/____ Last 6 digits of social security: ____ - ____

Home Tele _____ Cell (____) _____

Email Address _____

Who can we contact in case of an emergency? _____

What is their relationship to you? _____ Contact Information _____

Born **outside** of the United States? Yes _____ No _____ If Yes, Country of Origin _____

Are you able to legally work in Massachusetts? Yes _____ No _____

Type of documentation that allows you to work _____

Do you have a valid drivers' license? Yes _____ No _____ If not, are you eligible for one? Yes _____ No _____

Have you ever served in the armed forces? _____

Identity:

Hispanic/Latino Black/African American White Asian

Native American/ Alaskan Native Native Hawaiian or other Pacific Islander

Another Identity _____

Education:

High School Diploma/ GED and Year Earned _____

Name of High School or issuing city _____

Have you attended college? If yes, please indicate if you graduated and what year/ degree

How did you hear about us? _____

Name of referring agency if applicable _____

List any Language Skills you have _____

Technical Skills and Qualifications _____

Do you have any other Certifications? _____

Physical/Vocational Limitations (Check any of the following that may impact a job)

Standing _____ bending _____ lifting _____ sitting _____ hearing _____ vision _____

Do you have any food allergies? _____

Work History

Currently: Employed full time _____ Part time _____ Temp Work _____ Unemployed _____

If working now, do you receive any of the following?

Health Insurance _____ Paid Vacation Time _____ Retirement Plan _____

If you are not working now, please indicate the following:

Date last worked _____

Please describe any work you've done in the last 6 months:

(Title of position, salary per hour start and end date) _____

Are you working with an unemployment center? Yes ____ No ____

If yes, please provide the name of the center and your contact there:

Income and Financial Support/Resources at this time (Check any of the following sources of income)

SNAP ____ DTA ____ SSI ____ WIC ____ EADC ____ DCF(DSS) ____ Veteran's Benefits ____

Wages ____ Child Support ____ TANF ____ Unemployment ____

Other _____

What is your plan for paying the \$200.00 fee? _____

Will you be driving to NECAT? _____

Family/Children

Do you have children under the age of 18? _____

Have you secured childcare arrangements while attending classes? _____

Do you have responsibility for other family members?

Substance Abuse/ Legal History

If you have a history of substance abuse, how long have you been clean and sober? _____

Have you ever been convicted of anything other than a minor traffic offense? _____

Do you have any warrants, upcoming court dates or legal challenges? If yes, please explain:

Why are you applying to this program?

What are your career goals? Why is it important for you to participate in this program?

Filling out this application does not guarantee admission, however not completing this form as well as providing false information will determine acceptance.