



Career Pathways Application

Please Print SSN: _____ Date: _____

Name: _____ Maiden Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Alternate Phone: _____ DOB: __/__/__

Email: _____

Race: __Asian __ Black __ Hispanic __ White __ American Indian __ Non-Resident Alien __ Other

Marital Status: __ Single __ Married __ Divorced __ Widowed __ Separated **How many in household?** __

Gender: __ Male __ Female **Are you a single parent?** __ Yes __ No

When do plan to enroll in Career Pathways? Semester _____ **Year** _____

Do you currently receive?
TEA: __ Yes __ No
Are you a former recipient of TEA? __ Yes __ No
Food Stamps: __ Yes __ No
Medicaid (including AR Kids and/or Family Planning): __ Yes __ No
W.I.A.: __ Yes __ No
H.U.D.: __ Yes __ No

Persons in Family Unit	Income
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825
7	\$83,175
8	\$92,525

Have you ever been convicted of a drug related felony? __ Yes __ No

Do you have a child in the home less than 21 years of age? __ Yes __ No

Have you earned a __ HS Diploma __ GED __ College Certificate or Degree?

Have you ever attended college: __ Yes __ No College Name: _____

Are you currently enrolled at Ozarka? __ Yes __ No

Have you applied for a Pell Grant? __ Yes __ No

Are you currently employed? __ Yes __ No Where: _____

How did you hear about our program? _____

Do you file taxes? __ Yes __ No

I understand that I am making a commitment to Career Pathways, Ozarka College, and myself. My responsibilities as a Career Pathways student include:

1. Attend scheduled Career Pathways events and meetings.
2. Provide accurate attendance and employment information to the Career Pathways staff on a monthly basis.
3. Maintain passing grades of C (2.0) or better.
4. Meet a minimum work requirement of one hour per week.
5. Upon completion of a certificate or degree program at Ozarka College, obtain gainful employment or transfer to another college to earn a higher degree.
6. Provide follow-up information about my employment as requested by Career Pathways upon my graduation or when I leave Ozarka.

I understand that failure to abide by the rules of the Career Pathways Program could result in the loss or reduction of the assistance I am receiving.

Signature below gives full permission to the Career Pathways program at Ozarka College to review my financial and academic records including but not limited to my FAFSA applications, income tax return, test scores, transcripts, and participation with DHS programs. This information will be used to determine my eligibility to participate in Career Pathways. The program may also access pertinent records related to my employment and attendance/graduation. Completing the application process does not commit me to participate in the Career Pathways program nor does it entitle me to services.

Signature: _____ **Date:** _____

Application Process will be finalized following:

1. Completion of Kuder Interest Inventory
2. Verification of program eligibility
3. Intake interview with Career Pathways staff (please bring the following with you):
 - Previous year's taxes
 - Driver's License
 - Letter from DHS stating benefits received (if applicable)
 - Letter from WIA stating benefits received (if applicable)
 - Court documents concerning custody of children (if applicable)

***Incomplete applications and applications missing documentation will be held for 30 days to allow the applicant the opportunity to turn in all required documentation. Failure to turn in all documentation or to contact a Career Pathways representative to inform the staff of difficulties obtaining documentation will result in the application being destroyed after the 30 day grace period.**

Office Use	
Program: _____	Counselor: _____

Release and Disclosure

I, _____, authorize the following agencies: Arkansas Department of Higher Education, Arkansas Department of Human Services, Arkansas Department of Workforce Services, Arkansas Department Workforce Education, and Arkansas Career Pathways to share pertinent information about me and my children for the process of verifying my eligibility, to track my progress in the Arkansas Career Pathways Initiative, and to track my progress after leaving the Arkansas Career Pathways Initiative.

By signing this form, I also authorize, with prior notification, my name and photograph to be used in newspapers, newsletters, webpage or other public awareness components for the agencies listed above or college(s) I attend in conjunction with the Arkansas Career Pathways Initiative.

By signing this form, I also verify that I am a parent/legal guardian, with a child under the age of 21 that lives with me in my residence on a full-time basis.

I understand that this release form can be revoked at any time with a written statement from me.

Student Signature: _____ Date: _____

Please list the names and ages of all children under the age of 21 living in your home:

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____
- 4. _____ Age _____
- 5. _____ Age _____
- 6. _____ Age _____
- 7. _____ Age _____
- 8. _____ Age _____

Arkansas Career Pathways Funding Agreement

I, _____, agree to all of the following terms set forth by Ozarka College Career Pathways in regard to the benefits that I am being provided:

Financial assistance is contingent upon the availability of Career Pathways funds.

- All students must complete a Free Application for Federal Student Aid (FAFSA) prior to receiving financial assistance for Career Pathways.
- A student enrolled in Career Pathways must maintain a minimum GPA of 2.0 to continue their eligibility for financial assistance.
- Students on financial aid suspension are not eligible for financial assistance from Career Pathways.
- Students must complete the Career Pathways intake process including all mandatory paperwork, submission of required documentation, and update their file yearly.
- Students must adhere to Career Pathways and Ozarka College requirements.
- All students are required to follow the attendance policy of Ozarka College.
- I understand that I must follow the guidelines, rules, and standards set forth by the specific college credit or non-credit program I am participating in. These may include but are not limited to : regular testing and exams, attendance policies, clinical or internship participation, etc.____(Initial)

I understand my failure to abide by to the responsibilities of this funding agreement set forth by Career Pathways could result in my dismissal from the Career Pathways program.

Signature: _____ Date: _____

Gas Card Agreement

I, _____, agree to the following terms set forth by Ozarka College Career Pathways for receiving gas card benefits:

- Gas card benefits will only be provided if a student is **employed at least one hour per week**.
- Employment will be verified through the employer. Pay stubs will be accepted in lieu of the Career Pathways Employment Verification form.
- Student must submit a receipt showing the purchase of gas using a Career Pathways gas card along with attendance form and work verification.
- Student must drive a minimum of 15 miles per week for classes in order to be eligible for a gas card.
- Student will be required to turn in attendance verification and employment verification forms to the Career Pathways office monthly throughout the semester. Students who do not turn in forms and receipts will not be considered for future gas cards.

I understand my failure to abide by these responsibilities set forth by Career Pathways could result in loss or reduction of the gas card assistance I am receiving.

Signature: _____ Date: _____

Child Care Agreement

I, _____, agree to all of the following terms set forth by Career Pathways in regard to child care benefits being received:

- A Division of Child Care application must be submitted to the Department of Human Services and proof of denial submitted to Career Pathways before Career Pathways can assist with child care expenses.
- Children must attend a state-approved child care facility.
- Child care will only be paid for the days in which the student is in classes, according to the campus scheduling.
- Child care will not be paid for any holidays in which classes are not in session such as Spring Break, Thanksgiving, Christmas, or for days when closed for weather.
- Child care will not be paid for online classes.
- Student will provide Career Pathways personnel with verification of attendance from instructors each month.
- Child care benefits will only be provided if a student is employed at least one hour per week.
- Student must contact Career Pathways when their child stops attending the child care facility. The student will be responsible for child care expenses incurred after a child stops attending day care.
- Student must attend one full week of classes before receiving Career Pathways child care benefits. Child care benefits will be paid during the week of finals.
- Student will be required to turn in attendance verification and employment verification forms to the Career Pathways office monthly throughout the semester. Students who do not turn in forms will not be considered for future child care benefits.

I understand that my failure to live up to these responsibilities set forth by Career Pathways could result in loss or reduction of the child care assistance I am receiving.

Signature: _____ Date: _____

Arkansas Career Pathways Book Loan Agreement

I, _____, agree to all of the following terms set forth by Ozarka College Career Pathways in regard to the book(s) that I am being loaned:

- I understand that the book loan library operates on a first-come, first-serve basis, and submission of a request does not guarantee a book loan.
- Book requests submitted after the deadline will not be considered.
- Student must complete the Career Pathways intake process including all mandatory paperwork, submission of required documentation, and updating files yearly.
- Student is required to follow the attendance policy of Ozarka College.
- Student must pre-register for classes and provide a copy of their schedule to Career Pathways.
- Students who withdraw from a class for which a book was loaned must immediately return the book(s) for that class.
- Student must return all books to Career Pathways at the end of the semester.
- Career Pathways will place a grade hold on a student's account at the end of each semester if books are not returned.
- A student who does not return books loaned to them may not be considered for future book loans.
- Students must return books to Career Pathways in the same condition in which they were received.

I understand that my failure to abide by the guidelines of this agreement may affect my continued status as a CPI student and/or future assistance.

Signature: _____ Date: _____

**Arkansas Career Pathways
Tuition Assistance Agreement**

I, _____, agree to all of the following terms set forth by Ozarka College Career Pathways in regard to the tuition assistance that I am being provided:

- Student must complete the Career Pathways intake process including all mandatory paperwork, submission of required documentation, and recertification with Career Pathways staff.
- All students are required to follow the attendance policy of Ozarka College.
- Student must complete a Career Readiness Certificate (CRC) prior to receiving tuition assistance.
- Student is required to turn in attendance verification and employment verification forms to the Career Pathways office monthly throughout the semester.
- Student cannot be on academic suspension.
- Student must have expended all PELL to be eligible for tuition assistance.
- Any student who withdraws from 100% of classes in which Career Pathways paid tuition, will not be considered for future tuition assistance.

I understand that my failure to abide by the guidelines of this agreement may affect my continued status as a CPI student and/or future assistance.

Signature: _____ Date: _____

Career Pathways Initiative

INDIVIDUAL EMPLOYMENT PLAN

Name _____ SSN _____

Program/Degree _____ Email _____

Address _____

Home Phone _____ Cell Phone _____

ADDITIONAL CONTACT INFORMATION

1. Emergency Contact _____ Home Phone _____

Relationship _____ Cell Phone _____

2. Nearest relative or friend _____ Home Phone _____

Relationship _____ Cell Phone _____

EMPLOYMENT PLANS

Are you currently working? Yes No

Name of Company _____ Phone Number _____

• If yes, do you plan to stay with your current employer upon completion at Ozarka College? Yes No

• If no, are you looking for employment Yes No

○ If yes, what type of employment? _____

WORK PAYS

If you are a former Transitional Employment Assistance (TEA) benefit recipient and your case closed due to you becoming employed, you may be eligible for Work Pays.

Are you a participant in the Work Pays program? Yes No

As a TEA client, my case manager has informed me about the Work Pays program. Yes No

I plan to enroll in Work Pays when I become eligible for the program. Yes No

EMPLOYMENT INFORMATION DISCLOSURE AGREEMENT

I understand that Career Pathways Initiative Employability Coordinator at Ozarka College will follow my progress upon completion of my participation in CPI for at least 12 months. I am informed that follow-up calls, emails, and/or mailers will be used to follow my progress. I also understand that this information will be kept confidential and will be used for reporting purposes only to the Department of Workforce Services. Permission is given to contact those stated as contacts, including employers and references on my resume.

Student's Signature

Date

Employability Coordinator's Signature

Date

Arkansas Career Pathways Initiative Employability Contract

I, (*print name*) _____ understand by signing below that in order to participate with Career Pathways Funded Services, Employment must be my goal. I further have been told and fully understand the following:

- I represent Career Pathways and will present myself accordingly by putting my best face forward, treating every encounter with Ozarka College Staff, Faculty, and my community with the highest regard. *I understand that building good relationships and quality networks are key to academic success and vital to obtaining and maintaining employment.*
- At my request, Career Pathways will assist me with my resume, interviewing skills, and job search during and after completion of my program of study.
- Career Pathways will track my accomplishments for at least 12 months after completion of a certificate or degree at Ozarka College.
- **I will inform Career Pathways on any updates to my contact information as well as any career changes. I will respond to Career Pathways when or if they try to contact me.**

Student's Signature

Date

DO NOT COMPLETE THIS SECTION IF EMPLOYABILITY IS YOUR GOAL

Employment is **NOT** my goal after completion of a certificate or degree at Ozarka College. As a result of this, I fully understand that I will not be eligible for funded services. However, I have been made aware by the Career Pathways staff of other resources that may be available to assist in funding my education. Though I am not eligible for Funded Services, I understand that I may attend workshops and participate in other *Non-Funded Services*.

Signed _____

Date _____

Employment is **NOT** my goal.
