



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

Table with 2 columns: Persons in Family Unit, Income. Rows show income levels for 2-8 family members.

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: _____

What is your immediate goal? __GED __Training for Employment __College Enrollment

Are you currently enrolled at Ozarka? __Yes __No

Have you ever applied for a Pell Grant? __Yes __No

Please rank the following items from 1 (greatest need) to 3 (least need):

What can CPI help with? __Tuition __Childcare __Gas Card

Are you currently employed? __Yes __No Where: _____

How did you hear about our program? _____

I understand that I am making a commitment to Career Pathways, Ozarka College, and myself for the benefits I will be receiving through Career Pathways. My responsibilities to help me accomplish the goals I have set for myself are:

1. Attend scheduled Career Pathways events and meetings.
2. Provide accurate employment information to the Career Pathways staff.
3. Maintain passing grades of C (2.0) or better.
4. Be continuously employed throughout each semester a minimum 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 you to participate in the Career Pathways program nor does it entitle you to services.

Signature: _____ **Date:** _____

Application Process will be finalized following:

1. Completion of required assessments
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)

Office Use	
Program: _____	Counselor: _____

Ozarka College Arkansas Career Pathways, PO Box 10, 218 College Dr., Melbourne, AR 72556

Phone: 870.368.7371 Toll Free: 1.800.821.4335 Fax: 870.368.2023

careerpathways@ozarka.edu

Ozarka College



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 estate 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 twenty-one 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 _____

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Arkansas Career Pathways

Funding Agreement

I, _____, agree to all of the following terms set forth by Ozarka College Career Pathways in regard to the funding 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. All financial aid (excluding loans) must be applied to the student's account and expended prior to the receipt of Career Pathways funds (excluding book loans).
- 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 form Career Pathways.
- Must complete the Career Pathways intake process including all mandatory paperwork, submission of required documentation, and recertification with Career Pathways staff.
- Students must adhere to the Gas Card Policy and Childcare Policy guidelines and Career Pathways and Ozarka College requirements.
- All students are required to follow to the attendance policy of Ozarka College.

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- 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, ect. ____ (Initial)
 - I understand that I must take and pass all required pre-entry and post-entry screenings in my required program of study which may include but is not limited to the following: physicals, drug-screens, background checks, permit examinations, licensure examinations and /or placement test. ____ (Initial)
 - I understand that if I fail to follow program guidelines or fail to pass any of these screenings that I can be required to participate in an alternate training programs but are not limited to: Employability Courses, Basic Skills Refresher Courses, and Adult Education Courses. ____ (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.

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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.
- **Students must submit a receipt showing the purchase of gas using a Career Pathways gas card along with attendance form and work verification.**
- No receipt, no gas card, no exceptions.
- Students must drive a minimum of 15 miles per week for classes in order to be eligible for a gas card.
- Students will be required to turn in attendance verification and employment verification forms to the Career Pathways office on a regular basis 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 Child Care application must be submitted to the Department of Human Services 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, etc.
- Child care will not be paid for online classes.
- Students will provide Career Pathways personnel with verification of attendance from instructors.
- Students must be full-time (minimum 12 hours) with three-fourths (75%) of classes on campus.
- Child care benefits will only be provided if a student is employed at least one hour per week.
- Students **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. Failure to adhere to Career Pathways policies could result in the reduction or loss of the child care assistance.
- *Students 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.*
- Students will be required to turn in attendance verification and employment verification forms to the Career Pathways office on a regular basis 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: _____

Career Pathways Initiative
Individual Employment Plan

Name _____ SSN _____

Program/Degree pursuing _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Name of nearest relative or friend _____ Phone _____

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 Plans

I am currently working. Yes No Name of Company _____

Do you plan to stay with your current employer upon completion at Ozark a College? Yes No

If no, what type of employment will you be seeking? _____

I am looking for employment Yes No What type of employment? _____

Will you be willing to relocate for employment? Yes No

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.
- Career Pathways will assist me with my resume, interviewing skills, and job search during and after completion of my program of study.
- I will be a Career Pathways Success Story. Career Pathways will track my accomplishments up to a year from completion.
- I will inform Career Pathways on any updates to my contact information as well as any career changes.

Signed _____

Date _____

Witness _____

Date _____

Employment is **NOT** my goal. 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 _____

Witness _____

Date _____

Employability Service Participation (to be completed by Employability Coordinator)

Event _____

Date _____

Event _____

Date _____

Event _____

Date _____

Upon Completion of Degree/Certificate

Not to be completed before last semester of enrollment

Please mark all that apply

_____ I plan to continue my education at _____

_____ I am disabled or have current medical restriction from work and can provide documentation

_____ I am employed (including self employment and military)

Employer Name _____

Employer City/State _____

_____ I am seeking employment (check this box if you are seeking employment or if all others do not apply.)

