

Student Application



Please fill out application and send or personally deliver to:

EPEC
5829 Troost Avenue, Suite B
Kansas City MO 64110

Name (First, Middle Initial, Last):

Number of children currently living with you under the age of 8 and their ages:

Number of children not currently living with you and their age(s):

Street Address:

City:

State:

Zip Code:

Phone Number(s):

Email Address:

Current Employer:

Number of Hours Worked Last Month:

If selected for EPEC, Will you continue to work evenings/weekends?

Past Employer:

Length of Employment:

Emergency Contact Name:

Relationship of Emergency Contact:

Phone:

Are You Left or Right Handed?

Please indicate how far you've gone in school. (Circle one)

Some high school
 High school graduate or GED
 Technical school
 Some college
 4 year college graduate

What is your best estimate of your average household monthly income in **2015**? (This is your income combined with income of others living with you that pays for housing and food.) (Circle one)

\$0 - \$500
 \$501 - \$1000
 \$1001 - \$2000
 \$2001 - \$3000
 More than \$3000
 Don't know

<p>Please indicate your current housing status? (Circle one)</p>	<p>Homeless Renting Own your own home Staying with friends or family Temporary / emergency housing Other (Please specify) _____</p>
<p>What is your primary means of transportation? (Circle all that apply)</p>	<p>Personal car Friend, family or neighbor Public transportation (bus) Volunteer driver Other (Please specify) _____</p>
<p>What type of child care are you currently using for your child /children under 5 years old? (Circle all that apply)</p>	<p>Family member Operation Breakthrough Other preschool Friend or neighbor Other (Please specify) _____</p>
<p>What childcare do you use for your school age child/ children before and after school? (Please specify)</p>	
<p>What agencies do you use for housing, if any? (Please specify.)</p>	
<p>Do you have any medical condition that could limit your learning or affect your ability to complete the program? (Please circle one)</p> <p style="text-align: center;">Yes No</p> <p>If yes, please specify: _____</p>	
<p>Do you have children with medical or learning issues that would affect your ability to complete the program? (Please circle one)</p> <p style="text-align: center;">Yes No</p> <p>If yes, please specify: _____</p>	

DIRECTION FOR THE NEXT SECTION: Answer questions using the rating scale below. Put a X in the box that BEST describes you. There are no right or wrong answers, so please honestly assess yourself. Check only one box for each question.

	Almost Never	Sometimes	Most Times	Almost Always	Always
I accept responsibility for my behavior.					
I am afraid of dogs.					
I volunteer to help others when I can.					
I discourage others from telling me how I can improve my performance.					
I have patience even when things are difficult.					
I understand the importance of confidentiality.					
I like one-on-one instruction when I'm learning something new.					
I have problems working with others.					
I am a punctual person.					
I get upset when I find myself in a difficult situation.					

BRIEFLY ANSWER THE FOLLOWING QUESTIONS IN YOUR OWN WORDS:

Describe why you would like to be a qualified dog groomer.

Identify what you consider your best qualities to be. (Please list)

How did you learn about EPEC?

Applicant's signature

Date