



DETROIT TRAINING CENTER

5151 Loraine St,
Detroit, MI 48208
Office: (313) 221-5876
Fax: (313) 221-5544
www.DetroitTraining.com

Student Training Profile

Student Information

Please fill out the following for our records:

Last Name		First Name		Date of Birth (MM/DD/YYYY)		Gender (Male/Female)	
Address		City		Zip		Email	
() -		() -		/ /			
Home Phone Number		Cell Phone Number		Date of Orientation/Today's Date (MM/DD/YYYY)			

Career Interest

Please circle the program which interests you, or write in your desired program.

- | | | |
|--------------------------|----------------|-----------------|
| Construction | Blight Removal | Diesel Mechanic |
| Heavy Equipment Operator | CDL | Other: _____ |

Additional Information

For the following, please **check in the box** that is applicable to you.

How did you hear about us? **Please specify.**

Social Media: _____ Organization Referral: _____ Other: _____

- | | |
|---|---|
| <input type="checkbox"/> U.S. Resident | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Post-9/11 GI Bill eligible |
| <input type="checkbox"/> GED | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Currently Employed | |
| <input type="checkbox"/> Previous experience in interested program? | |

If so, please specify: _____

Barriers to Employment?

If so, which of the following?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> On Parole | <input type="checkbox"/> On Probation |
| <input type="checkbox"/> Formerly Incarcerated | |

Do you have a valid drivers license?

Have you received unemployment benefits since 2008?

If so, do you receive any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Cash Assistance | <input type="checkbox"/> Food Assistance |
| <input type="checkbox"/> FIA Assistance | <input type="checkbox"/> UIA Assistance |

Have you registered with Michigan Works?

If so, please provide case manager info:

_____	_____
Last Name	First Name
() -	

Phone Number	

(for admin only)

Potential Student Referred to: _____

Source of Student: _____

If for CDL, can student pass DOT physical?

Notes:



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AUTHORIZATION TO SEND TEXT MESSAGES

By signing this form, I authorize the Detroit Training Center (DTC) to send text messages to my cell phone to convey training information regarding the training programs and other DTC information. I understand that standard text messaging rates apply to any messages received from DTC. I also understand that I or DTC may revoke this permission in writing at any time. I agree not to hold DTC liable for any electronic messaging charges or fees generated by this service.

I accept and DO want to receive text messages.

I decline and DO NOT want to receive text messages at this time.

Full Name: _____ Cell Phone Number: () - _____

Signature: _____ Date: _____

MEDIA RELEASE

By signing this form, I give permission to be interviewed, photographed, and/or videotaped by DTC for promotional, instructional, and marketing purposes (primarily for social media and website purposes). I understand and agree that such materials may be distributed to the public and displayed publicly one or more times and in different formats, including but not limited to print and digital media. I also understand that this permission to use the text, photographs, and video in such material is not limited in time and that I will not receive any compensation for granting this permission.

Full Name: _____

Signature: _____ Date: _____