



**Tennessee Department of Environment and Conservation
Division of Solid Waste Management**

**Lead Hazard Reduction Demonstration Program
Training Intake Application**

(Please answer the following questions. All Information Is Confidential)

I. IDENTIFICATION INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Address (Street Number, Street, City, State, Zip Code) _____

Telephone Number _____ Alternative Phone Number _____ E-mail Address _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____ Gender (M / F) _____

(will be required upon selection)

Marital Status (select one) Single Married Divorced Widowed

Number of Dependents ___ < 2yrs ___ 2 yrs – 5 yrs ___ 6 yrs – 12 yrs ___ 13yrs – 18 yrs ___ > 18 yrs

Check All That Apply US Citizen Davidson County Resident Eligible for Veteran's Preference

II. EDUCATION (select all that apply)

High School/No Diploma High School Diploma G.E.D. College/No Degree
 Associates Degree Bachelors Degree Graduate Studies Graduate Degree

III. EMPLOYMENT AND WAGE HISTORY

Current Employer/Address _____ Date Started _____ Wage/Salary (\$/hr or \$/mo) _____

Previous Employer _____ Reason for leaving _____

Have you completed any job assessment or interest/skill inventory? Yes No

Do you have construction work experience? Yes No Number of Years? _____

IV. TRAINING INTEREST (select all that apply)

Lead Worker Initial Lead Supervisor Initial Any Available Training Opportunity

Do you have any barriers that will prevent full participation in training? Yes No, Explain: _____

V. ADDITIONAL INFORMATION

Health

Please list any health conditions for which you currently take prescribed medication. _____

Please list any health conditions for which you take over-the-counter medication. _____

Are Immunizations current? Yes () No () Are you able to lift 25 lbs? Yes () No ()

Do you have insurance? Yes () No () Insurance Provider? () TennCare () Other, specify _____

Primary Care Physician / Date of Last Physical _____

Support Services

Please mark all services and income sources currently used or that have been used in the past 12 months:

Service s

() Veterans Services () Job Training Program () SSI () Shelter (homeless) () Families First

Income Sources

() Families First () SSI () SSDI () Veteran’s Benefits () Employment/Self-Employment
() Unemployment Insurance () Worker Compensation () Other

Are you interested in help with money management and budgeting? Yes () No ()

Transportation

Do you have any transportation barriers? Yes () No ()

Are you able to arrange transportation to training? Yes () No ()

Do you have a valid TN driver’s License? Yes () No () Issuing State/License No _____

Legal Issues

Do you have any felony convictions? Yes () No () Are you currently on probation? Yes () No ()

Please explain any legal issues that you think may pose a barrier to employment. _____

Do you have any adult family member interested in lead hazard control training? Yes () No ()

Name (Signature)

Name (Print/)

Date (mm/dd/yy)

Mail completed form to **Brenda Carr** at the address shown at the bottom of the page

For office use only:

Date received: _____

Received by: _____

401 Church Street * L&C Tower 5th Floor * Nashville, Tennessee 37243
Call 855-511-1210 or Fax 615-532-0886