



City of Rochester, NY  
Malik D. Evans, Mayor  
Rochester City Council

## City of Rochester: Environmental Training Program - Application Form

We appreciate your interest in the Brownfields Environmental Skills Training Program (BEST). Applicants ages 18 and over should submit applications in person to the Bureau of Equipment Services, 945 Mt. Read Boulevard, Building 100, Rochester, NY 14606. The training offers equal opportunities to all persons without regard to race, color, religion, age, sex, disability, national origin, ancestry, citizenship, military or veteran status, marital status, sexual orientation, domestic violence victim status or any other status protected by law. If you have any questions, please feel free to contact the BEST Training Program Manager at 585-428-7503.

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SEX: ☐ M ☐ F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO IF NO, INDICATE STATUS \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #1 (\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_) \_\_\_\_\_

### Education

Are you currently enrolled in school or vocational training? ☐ YES ☐ NO  
What is the highest grade you completed? ☐ did not finish ☐ High School ☐ TASC ☐ College ☐ Advanced Degree

### Licenses/ Permits/ Certifications

**Attention- All candidates must submit a valid NYS Driver's License before enrollment**

Valid driver's license ☐ YES ☐ NO Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Any infractions (violations) in the last 18 months? ☐ YES ☐ NO  
Own a Registered and Insured vehicle? ☐ YES ☐ NO  
Any restrictions driving? ☐ YES ☐ NO

**Please enter 9-digit NYS DMV License # \_\_\_\_\_**

### Training Program Criteria

Please mark (X) on the boxes below to indicate you acknowledge the training criteria:

- |   |  |
|---|--|
| <input type="checkbox"/> Valid NYS Driver's License or I.D. | <input type="checkbox"/> Able to pass drug/alcohol testing & physicals |
| <input type="checkbox"/> Reliable Daily Transportation      | <input type="checkbox"/> Proficient in math & science                  |
| <input type="checkbox"/> 5 Week Program Commitment          | <input type="checkbox"/> Copy of High School Diploma or TASC           |

### Interests/Skills/Abilities

List Any Environmental Remediation You Have Performed in The Past: \_\_\_\_\_  
List Any Vocational Certifications You Have Received in the Past Two Years: \_\_\_\_\_  
List any college background including name of college \_\_\_\_\_

Do You Have Physical Restrictions? ☐ Yes ☐ No If Yes, describe (Can't Lift, Color-blind, Etc.) \_\_\_\_\_

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### Work and Volunteer Experience

Please list your most recent place of employment and or volunteer experience in the table below. List additional jobs on a separate sheet or attach a resume if you have one.

Job Title	Employer Name	Start/End Dates	Describe Duties	Reason for Leaving
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid				

#### Training Applicant Agreement:

*I have answered truthfully. If I have given any false information, I understand that I may be terminated from the training program. Additionally, I agree to allow my recorded image or voice to be used for program promotional materials, and understand that I will not be compensated should this occur. I understand that all applicants must participate in a selection process, which will include training, TABE-Testing and a career assessment to determine readiness for the 9-week training program. I must be dressed appropriately for all appointments and interactions with the training or on the job work-sites. If I move or my telephone number changes, it is my responsibility to let the program office know. I understand that the BEST Training Program is not a job placement program. **I understand that there is no guarantee of employment at the end of the training.***

X

**Signature**

**Date**

This project has been funded, wholly or in part, by EPA

**Code: BJT-BEST-0725**