

NASA EDUCATION CORPORATION

Application for Admission to Project Fresh Start

Date: _____

Section I – General Information

SSN: _____ DOB: _____

Name: _____
Last name First Name Middle Initial

Address: _____
Number and Street name

City: _____ State: _____ Zip-Code: _____

Home Telephone: _____ Cell Phone: _____

E-Mail: _____

Do you have a valid driver's license? Yes No

If no, can you get your drivers license? Yes No

Reason _____

Do you currently have transportation? Yes No

What date would you be available to enter the program? _____

Section II – Emergency Contact Information

Emergency Contact Name: _____

Relationship to Participant: _____

Address: _____

City: _____ State _____ Zip-Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Section III – Background Information

Have you ever been convicted of a felony? Yes No

If yes, please explain: *(Conviction will not necessarily disqualify you from entrance into the training program. Factors such as age, time of offense, seriousness and nature of offense, rehabilitation and job-relatedness will be considered. Applicant is not obligated to disclose sealed or expunged records of convictions or arrests).*

Are there any charges pending against you? Yes No If yes, please explain:
 Misdemeanor Felony

Section IV – Military Experience

Have you previously served in the military? Yes No
 (if yes, a copy of the DD-214 needs to be submitted)

Branch of Service: _____ Dates of Service: _____

Type of Discharge (please check one)

- Honorable
- General (under honorable conditions)
- Other than honorable
- Bad Conduct
- Dishonorable

Section V – Education, Training, Certificates & Licenses

Schools	Name & Location	Year Graduated	Major/Minor Coursework	Type of Degree
High School				
College				
Graduate/Professional				
Military				
Other educational, vocational schools, internships, etc.				

Section VI – Financial Information			
Income Source	Active Yes or No	Application Date	Pending Application Yes or No
Military Disability			
SSI/SSDI			
Retirement			
Food Stamps			
Medicaid			
Medicare			

Section VII – Medication Information	
1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

V.A. Association		
<input type="checkbox"/> North Chicago VAMC	<input type="checkbox"/> Hines VAMC	<input type="checkbox"/> Jesse Brown
<input type="checkbox"/> Milwaukee VAMC	<input type="checkbox"/> Madison VAMC	<input type="checkbox"/> Tomah VAMC
<input type="checkbox"/> Iron Mountain VAMC		
Primary Care Physician: _____		
Address: _____		City: _____
Telephone Number: _____		Fax Number: _____

Section VIII – Employment History		
Job Title:	Start Date:	End Date:
Employer	Phone ()	
Employers Address:		
If this is your current employer may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisors name:	Phone ()	
Starting Salary:	Ending Salary:	Reason for Leaving:
Duties and Responsibilities:		
Job Title:	Start Date:	End Date:
Employer	Phone ()	
Employers Address:		
If this is your current employer may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisors name:	Phone ()	
Starting Salary:	Ending Salary:	Reason for Leaving:
Duties and Responsibilities:		
Job Title:	Start Date:	End Date:
Employer	Phone ()	
Employers Address:		
If this is your current employer may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisors name:	Phone ()	
Starting Salary:	Ending Salary:	Reason for Leaving:
Duties and Responsibilities:		

Section IX Signature and Release

I certify that the answers and information give by me in this application are true, and complete without qualifications. I understand that NASA Education has the right to refuse to accept me for training or immediately discharge me at any time if it is discovered that I have provided incomplete, untrue or misleading answers or information in this application or on any other documents or forms submitted at any time during my time with NASA.

I authorize NASA and its agents including authorized third parties to verify the answers and information given by me in this application and to make an investigation of my background, if deemed necessary. I authorize former employer’s law enforcement organizations, educational institutions and other third parties contacted by NASA and/or its representatives to release to NASA any information they have regarding me without providing written notice to me. I authorize NASA to use any information in its possession concerning me for any purpose it deems appropriate. This includes disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release NASA from any liability in connection with such use or disclosure.

I understand that if I am accepted by NASA for training, I will be bound by NASA’s rules, regulations, policies, procedures and other terms and conditions. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may change from time to time, with or without any notice to me. I also understand that this application is not a contract of training and that acceptance may be contingent upon criminal history, reference check or psychological/physical exam.

I UNDERSTAND THAT NASA ADHERES TO THE DRUG-FREE WORKPLACE ACT OF 1988 AND ANY VIOLATION OF THIS POLICY IS GROUNDS FOR IMMEDIATE DISMISSAL FROM THE PROGRAM.

Signature of Participant

Date

PSI, Incorporated

Release and Authorization

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES.

In accordance with the Fair Credit Reporting Act, a consumer report or investigation consumer report including information about your general reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics, and a summary of your rights.

RELEASE AND AUTHORIZATION

I voluntarily and knowingly authorize for employment purposes only, any law enforcement agency, state agency, federal agency, consumer reporting agency, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, general reputation, character, or any other information requested by **PSI, Inc.** and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. The authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. In compliance with the 1990 Americans with Disabilities Act, a worker compensation search may only be requested when a conditional job offer exists.

Signature

Date

Full Name (Type or Print Legibly)

Current Address

Other Names Used (Maiden, Divorced, Alias, Etc.)

1. _____ 3. _____
2. _____ 4. _____

Social Security Number

Sex*

Race*

Date of Birth*

Driver's License Number

State of Issue

Have you been convicted of any crime?

If yes, charge: _____ Disposition: _____

City _____ State: _____ County: _____ Date: _____

Are there any Criminal Charges currently pending against you?

If yes, charge: _____ Status: _____

City _____ State: _____ County: _____ Date: _____

*Used Exclusively For Background Verification Purposes Specifically To Assist The Criminal and Driving History Verifications

THIS FORM MUST BE COMPLETED BY APPLICANT

PSI Form 702
Rev. 12.18.07

