



## CONTRACTOR TRAINING PROGRAM

Please complete and return application via fax or email to: 312-575-0544 or [recruitment@haciascholarshipfoundation.org](mailto:recruitment@haciascholarshipfoundation.org)

**PLEASE PRINT**

Company Name \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Business Organization: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Contact Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Where did you hear about the program \_\_\_\_\_

Names of Company Representative Participating in the Training Program: \_\_\_\_\_ Highest Level of Education Completed \_\_\_\_\_

Name \_\_\_\_\_ Check one: \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  8th Grade or less  Associate Degree

Email \_\_\_\_\_  9th Grade  Bachelor's Degree

Ethnicity/Race: \_\_\_\_\_ Gender: Male  Female   High School  Master's Degree

GED  Doctoral Degree

Some College  None

Component Selection (see course outline attached): Track A  Track B  Interested in: Chicago  Aurora

Name \_\_\_\_\_ Check One: \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  8th Grade or less  Associate Degree

Email \_\_\_\_\_  9th Grade  Bachelor's Degree

Ethnicity/Race: \_\_\_\_\_ Gender: Male  Female   High School  Master's Degree

GED  Doctoral Degree

Some College  None

Component Selection (see course outline attached): Track A  Track B  Interested in: Chicago  Aurora

Annual gross revenue for the last three years: 2014 \$ \_\_\_\_\_ 2013 \$ \_\_\_\_\_ 2012 \$ \_\_\_\_\_

Number of full-time employees \_\_\_\_\_ Number of part-time employees \_\_\_\_\_

Please provide below a brief description of your company's principal business activities:

\_\_\_\_\_

\_\_\_\_\_

What is your objective for taking this training?

\_\_\_\_\_

\_\_\_\_\_

Certifications, Designations: Is your company certified with or at these agencies (check all that apply).

MBE CERTIFICATIONS	EXPIRATION DATE	WBE CERTIFICATIONS	EXPIRATION DATE	MBE CERTIFICATIONS	EXPIRATION DATE
<input type="checkbox"/> City of Chicago	_____	<input type="checkbox"/> City of Chicago	_____	<input type="checkbox"/> SBA/8A	_____
<input type="checkbox"/> Cook County	_____	<input type="checkbox"/> Cook County	_____	<input type="checkbox"/> ILUCP/DBE	_____

By signing this commitment you and your participant staff commit to the following:

1. Commit to attend at least 75% of the training hours & complete all assignments and projects.
2. Commit to providing IWE & HACIA project managers all documentation for the return on Investment measures required by the State of Illinois.
3. Commit to participating in the evaluation to be conducted by IWE & HACIA after training is completed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\* Space is limited per cohort. Proficiency in English is required to successfully complete the program. Filling out his application does not guarantee admittance. If approved, we will contact you via phone/email for an interview to complete enrollment process.