



APPLICATION for VETERANS WORKFORCE DEVELOPMENT

Date of Application: _____ Social Security No.: _____

Gender: Male Female Country of Birth: _____

Name: _____

Branch of Service (Attach a Copy of Form DD214): _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relation: _____

EDUCATION:

High School Diploma/GED

Name of High School: _____

City, State: _____ If GED, State: _____

AA Degree

Bachelors Degree

Masters Degree

Doctors Degree

Name of College/University: _____

City, State: _____

Did you take the SAT or ACT? Yes No If yes, what was your math score: _____

Please give a description of your job experience during your tour of duty and any relevant experience prior or post military tour. List any training courses successfully completed during your tour of duty or in civilian life.

Attach additional pages as necessary.

Briefly describe why you feel the corrosion industry is a fit for you.

Attach additional pages as necessary.

Are you willing to relocate for your training/education? Yes No

Are you willing to relocate for employment upon completion of your training/education? Yes No

Have you applied for funding from the GI Bill? Yes No

Please indicate your career interest:

Field technician (high school degree/equivalent, two-year degree, specialized training)

Laboratory technician (high school degree/equivalent, two-year degree, specialized training)

Technologist/Inspector (two-year degree, specialized training, advanced certification)

Engineer (BS, MS)

Research Scientist (MS, PhD)

How did you hear about the NACE Foundation's Workforce Development Program? (Please specify name of person, organization or referring Web site.)

ATTACH TWO SIGNED LETTERS OF REFERENCE FROM:

- 1) Superiors (preferable)**
- 2) Employers**
- 3) Colleagues**

Please use the space below to provide any additional information you feel is relevant to your candidacy for the NACE Foundation workforce development program (use an additional sheet of paper if necessary):

Attach additional pages as necessary.

I certify that the information provided in this application is all true to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

Please send completed application and return via fax to 281-228-6305 or mail to:
NACE Foundation
Workforce Development Program
1440 South Creek Dr.
Houston, TX 77084-4906

For more information or questions, please contact Manny Mones at 281-228-6226 or manny.mones@nace.org or Heather Lowry at 281-228-6205 or heather.lowry@nace.org.

CHECK LIST:

- Completed application**
- Copy of Form DD214**
- Two signed letters of reference**