

Applicant Information (Classified Employees Only):

Office Use Only- Approved: ☐ Yes ☐ No

City of Akron Workforce Development Program @ Stark State College



Phone: 330.375.2700

 $\textbf{Email:} \underline{CityWorkforceDevelopment@akronoh} io.gov$

Guaranteed Seat Model Applicant Intake Form - Spring 2024

DUE 9/27/2023 (Classes begin January 16th, 2024)

Before completing the application, please fully review the Workforce Development Program Policy (located on the City of Akron's Intranet) to determine eligibility and understand the program process and requirements. This applicant intake form <u>must be</u> <u>received by September 27th</u>, <u>2023</u> to be considered for the Guaranteed Seat Model. Applications should be emailed to CityWorkforceDevelopment@akronohio.gov or sent to the Department of Human Resources, 166 South High Street, Room 703.

Employee Name: Employee Phone:		Employee ID #: Employee Email:	
Job Title:		Student ID #:	
Status: □ New Stude	nt □ Returning Student □ Transfel	Student 🗆 Transient	/Guest Student □ Current SSC Student
Enrollment Plan – Ca	reer Interest Name of Course:		
	• List of potential courses: ht	tps://www.starkstate.e	edu/college-catalog/
	Must enroll with Stark State Human Resources	e as a Transient/Guest	Student once approved by Department of
□ Degree/Certificate	Name of Degree/ Certificate:		
	Name of Course for Spring 20	24:	
	•	· ·	ttps://www.starkstate.edu/academics/
	 Must enroll with Stark State Department of Human Reso 		or Transfer Student once approved by
Job Related Please choose one of	the following options for why you a	re requesting guarant	eed credit hours:
\square Course is necessary for the job-related degree or certification in which I am currently enrolled.			am currently enrolled.
□ Course de	Course develops knowledge or skills that will allow me to perform my current job duties better.		
□ Course de	Course develops knowledge or skills for future positions within my current career ladder.		
☐ This cours	This course/degree/certificate is not related to my current job duties or my position with the city.		
agree to fulfill all requirem my education records wit which are made up of Inst. covered under this prograthe minimum grade requiremployee probation perior	that I am eligible for the City of Akron's Wo lents and processes for the program. I autho in the City of Akron for program administra ructional and General fees. I understand the lum. I understand that in order to maintain pro ements outlined in the policy. Failure to foll	orize Stark State College to tion, reporting, and marke at additional fees, books, a rogram eligibility I must ab ow these procedures or mo pation from the program. I	gram as defined in the program policy, and hereby share any information and documentation about ting purposes. This program covers tuition costs, and other costs will be my responsibility, and not ide by the withdrawal/drop procedures and meet eet these minimum requirements may result in an understand that any false statements made herein program.
Applicant's Sign	ature:		Date: