



**MediClerk Training Program  
Application for Admission  
Wellspring Community Education  
302 Essex Avenue  
Gloucester, MA 01930**

*For Education Department use:*

*Date of Inquiry:* \_\_\_\_\_

*Verified by:*  
\_\_\_\_\_

*If Enrolled/Start date:* \_\_\_\_\_

Date of Application: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street
Apt/Suite #
City
State
Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ x- \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have a high school diploma? Yes \_\_\_ No \_\_\_ Do you have a HiSET? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Have you ever participated in other Wellspring House programs? Yes \_\_\_ No \_\_\_ If yes, which ones?  
 \_\_\_\_\_

***How did you hear about us?***

- |   |   |
|---|---|
| <input type="radio"/> Action, Inc.                            | <input type="radio"/> Health & Education Services (HES) |
| <input type="radio"/> Career Center _____                     | <input type="radio"/> Mass Rehab                        |
| <input type="radio"/> Community Organization _____            | <input type="radio"/> Newspaper: _____                  |
| <input type="radio"/> Counselor / Therapist _____             | <input type="radio"/> North Shore Medical Center        |
| <input type="radio"/> Department of Children and Families     | <input type="radio"/> Pathways                          |
| <input type="radio"/> Department of Transitional Assist (DTA) | <input type="radio"/> Radio _____                       |
| <input type="radio"/> Flyer around the community _____        | <input type="radio"/> School _____                      |
| <input type="radio"/> Friends / Family _____                  | <input type="radio"/> TV (cable, local, etc.)           |
| <input type="radio"/> Gloucester District Court               | <input type="radio"/> Wellspring House Newsletter       |
| <input type="radio"/> Gloucester Housing Authority (GHA)      | <input type="radio"/> Wellspring House _____            |
| <input type="radio"/> HAWC                                    | <input type="radio"/> Other _____                       |

Are you working? Y \_\_\_ N \_\_\_ Where? \_\_\_\_\_ Hours a week? **1-5 6-20 21-30 31-40+**  
*please circle one*

Are you receiving SNAP (Food Stamps) Y \_\_\_ N \_\_\_ Are you receiving TAFDC (Welfare) Y \_\_\_ N \_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Social Security Number \_\_\_\_\_

Marital Status: Single/Never married \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_  
Domestic Partner \_\_\_ Other: \_\_\_\_\_

**The following information will not affect your eligibility for this program. If you prefer not to answer, the agency representative accepting this form may complete this portion via observation.**

Ethnicity: Hispanic or Latino: Yes \_\_\_ No \_\_\_ \**whether yes or no, you must still check one race category below*

Race: White \_\_\_ American Indian /Alaskan Native & White \_\_\_  
Black/African American \_\_\_ Asian & White \_\_\_  
Asian \_\_\_ Black/African American & White \_\_\_  
American Indian/Alaskan Native \_\_\_ American Indian/Alaskan Native & Black/African American  
Native Hawaiian/Other Pacific Islander \_\_\_ Other Multiracial \_\_\_

Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ Are you legally able to work? Yes \_\_\_ No \_\_\_

Emergency Contact \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

***Education / Skills***

Have you gone to school since High School? Yes \_\_\_ No \_\_\_ If yes, name of the school? \_\_\_\_\_

Course of study \_\_\_\_\_ Did you earn a degree? Yes \_\_\_ No \_\_\_

If yes, please describe the degree \_\_\_\_\_

***Most Recent Employment Information***

*We know that it's uncomfortable to be asked about your finances. We ask you these questions partly to understand your current financial situation and partly to assist Wellspring House in obtaining the money to make programs like this possible.*

***Please list present or most recent employment first***

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Starting Hourly Rate: \$ \_\_\_\_\_ Ending Hourly Rate: \$ \_\_\_\_\_

Position Held: \_\_\_\_\_ Duties Performed: \_\_\_\_\_

How many hours per week are/were you working? \_\_\_\_\_ If left the position, reason for leaving? \_\_\_\_\_

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Starting Hourly Rate: \$ \_\_\_\_\_ Ending Hourly Rate: \$ \_\_\_\_\_

Position Held: \_\_\_\_\_ Duties Performed: \_\_\_\_\_

If left the position, reason for leaving? \_\_\_\_\_

**Household Information**

**Monthly Income (worksheet)**

Wages \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 SSDI \$ \_\_\_\_\_  
 SSI \$ \_\_\_\_\_  
 Food Stamps / SNAP \$ \_\_\_\_\_ *please complete SNAP Referral Form*  
 Welfare / TAFDC \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ please describe: \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_ x 12 months = **Total Annual Income** \$ \_\_\_\_\_

Were you able to pay your housing and utility costs on time this month? Yes \_\_\_ No \_\_\_  
 (If you were not, you can call 978-281-3558 x318, a Wellspring House resource, to see if you qualify for assistance.)

Do you live with someone else and share expenses? Yes \_\_\_ No \_\_\_ Single Head of Household? Yes \_\_\_ No \_\_\_

Total number in your household \_\_\_\_\_ Total number of **children** in your household under age 18 \_\_\_\_\_

**Household Gross Income: (check one)**

**Household Gross Income (includes all income for household members 18+): (Check One)**

- |                       |                       |                         |
|-----------------------|-----------------------|-------------------------|
| ___ \$22,650 or less  | ___ \$42,751 – 43,150 | ___ \$71,151 – 73,000   |
| ___ \$22,651 – 25,900 | ___ \$43,151 – 48,550 | ___ \$73,001 – 81,100   |
| ___ \$25,901 – 29,150 | ___ \$48,551 – 53,900 | ___ \$81,101 – 87,600   |
| ___ \$29,151 – 32,350 | ___ \$53,901 – 56,800 | ___ \$87,601 – 94,100   |
| ___ \$32,351 – 34,950 | ___ \$56,801 – 58,250 | ___ \$94,101 – 100,600  |
| ___ \$34,951 – 37,550 | ___ \$58,251 – 62,550 | ___ \$100,601 – 107,100 |
| ___ \$37,551 – 37,750 | ___ \$62,551 – 64,900 | ___ \$107,101 or over   |
| ___ \$37,751 – 40,150 | ___ \$64,901 – 66,850 |                         |
| ___ \$40,151 – 42,750 | ___ \$66,851 – 71,150 |                         |

Have you ever been homeless? Yes \_\_\_ No \_\_\_

Are you homeless, in a shelter or in transitional housing now? Yes \_\_\_ No \_\_\_

Do you live in **Federal or State** public housing? Yes \_\_\_ No \_\_\_

If **yes**, which one? Federal \_\_\_ State \_\_\_

How much does Federal or State pay toward your rent? \$ \_\_\_\_\_

Do you receive **Section 8**? Yes \_\_\_ No \_\_\_ If **yes**, how much does **Section 8** pay toward your rent? \$ \_\_\_\_\_

How much do **you** pay per month for rent or mortgage? \$ \_\_\_\_\_

**Volunteer Work**

**Volunteer experience working in an office environment:** \_\_\_\_\_

**Volunteer experience working in the healthcare environment:** \_\_\_\_\_

Are you a current or former employee of the facilities listed below? Yes \_\_\_\_ No \_\_\_\_

- |   |  |
|---|--|
| Charter Professional Services               | North Shore Cancer Center                |
| North Shore Children’s Hospital             | Salem Hospital                           |
| Shaughnessy-Kaplan Rehabilitation Hospital  | Union Hospital                           |
| Visiting Nurse Association of Greater Salem | Women’s Health Center of the North Shore |

If yes, which facility, dates employed, and position held: \_\_\_\_\_

**References**

Please list three references familiar with your work, school, or personal achievements. We prefer someone who has been a supervisor (teacher or boss) to you. **No family members, friends or co-workers, please.**

Name	Phone number or Email Address	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All information contained in this application is true and accurate to the best of my knowledge.**

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_