

Business Enterprise Program (BEP) Application

To apply to the Business Enterprise Program (BEP), you must be 18 years old, a United States citizen, and a Vocational Rehabilitation (VR) client. In addition to completing this application, you must provide the information outlined in the BEP Application Packet Checklist. Your VR Counselor can assist you with gathering the information necessary to complete and submit your application packet.

Name: Last _____ First _____ M.I. _____

Social Security #: _____

Address (Number, Street): _____ Apt.: _____

City: _____ State: _____

Phone: _____

Communication Preference:

Braille Large Print Email

Mobility:

Do you use a Guide Dog? Yes No

Emergency Contact:

Name: _____

Address: _____

Phone Number: _____

Other Names Used:

Have You Been Convicted of A Felony, or A Misdemeanor Involving Moral Turpitude?

Yes No

If "Yes", explain the nature of the offense, date, and location. Convictions are evaluated in relation to the position applied for.

Education and Training (*List most recent first*):

Institution: _____

Location: _____

Dates Attended: _____ Semester Hours Completed: _____

Degree: _____

Institution: _____

Location: _____

Dates Attended: _____ Semester Hours Completed: _____

Degree: _____

Institution: _____

Location: _____

Dates Attended: _____ Semester Hours Completed: _____

Degree: _____

Business Owned (*In part or in whole*):

Name of Company: _____

Employer Identification Number (EIN): _____

Doing Business As: _____

Nature of Business: _____

Location of Business: _____

Do you owe or are you in debt to any Business Enterprise Program in any State or Territory of the United States? Yes No

If **yes**, please explain the circumstances, and state whether you have a payment plan in place. Attach a copy of the payment letter or contract.

Has the Federal Government or the State of Arizona filed a tax lien against you? Yes No

If **yes**, please explain the circumstances, and state if you have a payment plan in place. Attach a copy of the payment letter or contract.

Work History:

Type of Business: _____

Hours Per Week: _____ Salary: _____

Number of Employees Supervised: Directly _____ Indirectly _____ Not Applicable

Work Address: _____

Supervisor's Name: _____

Employee Title: _____

Reason for Leaving: _____

Description of Duties:

Type of Business: _____

Hours Per Week: _____ Salary: _____

Number of Employees Supervised: Directly _____ Indirectly _____ Not Applicable

Work Address: _____

Supervisor's Name: _____

Employee Title: _____

Reason for Leaving: _____

Description of Duties:

Type of Business: _____

Hours Per Week: _____ Salary: _____

Number of Employees Supervised: Directly _____ Indirectly _____ Not Applicable

Work Address: _____

Supervisor's Name: _____

Employee Title: _____

Reason for Leaving: _____

Description of Duties:

Mark those counties where you wish to be considered:

- | | | | | | | |
|----------|--------|--------|---------|------------|---------|--------|
| Maricopa | Pima | Apache | Cochise | Coconino | Gila | Graham |
| Greenlee | Mohave | Navajo | Pinal | Santa Cruz | Yavapai | Yuma |

If you wish to be considered for locations in Maricopa County, indicate which areas:

- | | | | | | |
|-----------|------------|------------|--------------|------------|------------|
| All Areas | North East | North West | Capital Area | South East | South West |
|-----------|------------|------------|--------------|------------|------------|

I am applying for the Business Enterprise Program (BEP). I hereby authorize the Department of Economic Security (DES) to collect and release personal information about me for the purpose of administering my application for the BEP.

I understand that as part of completing the BEP Application Packet, I will be required to provide personal information, such as but not limited to, financial information, credit check, background check, and confirmation of ability to secure funding to manage specific business enterprise merchandising operations.

BEP Applicant's Signature: _____ Date: _____

VR Counselor's Signature: _____ Date: _____

Date Received by BEP: _____