



Business Development Program

1421 Stout Road Menomonie, WI 54751

866/235-4511 www.westcap.org

Section I: Demographic Information

Name (Last)		(First)	(Middle)
Home Address			
City	State	Zip Code	County
E-mail Address			
Home Phone		Work Phone	
Birth Date		Social Security Number	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Highest level of education completed:	
Ethnic background/race (check one):			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Total number in your household (count yourself) _____		Total number of dependents in the household under 18: _____	
Are you disabled? (check one) <input type="checkbox"/> Yes* <input type="checkbox"/> No		*If yes, are you working with DVR? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate in the space provided below **all** monetary amounts of income or assistance received per month by **all household members**.

	This Month	Last Month	Month Before Last
Wages			
Unemployment			
Worker's Comp			
Child Support			
Food Stamps			
SSI/SSDI/SS			
Other			

This information is required by the funders of this program. All information you provide will be kept confidential.

I confirm that the information on this application is true and complete. I understand that if this information proves to be false, West CAP may discontinue any and all services provided to me and my family. I also understand that West CAP will be held harmless for any personal and/or professional situations relating to, or as a result of, business consulting services provided. I agree to have my records released to West CAP as needed regarding my employment, education, public assistance, background and health.

Signature _____ Date _____

Skill Self-Assessment

Please rate your skills in the following areas:

	Good	Average	Need Assistance
Sales			
Marketing			
Management			
Customer Service			
Bookkeeping			
Organization			
Computer Skills Word Processing Spreadsheets Data Base			
Financial Planning			
Inventory Control			
Hiring and Personnel Issues			

Is there anything else you would like our staff to know about you?