



HISPANIC INSTITUTE
FOR RESEARCH AND DEVELOPMENT

BUSINESS SKILLS DEVELOPMENT PROGRAM

REGISTRATION FORM

Please check the boxes, and print in your responses to each of the blank fields/questions. Please do not leave any fields/ questions blank.

Are you a New Jersey resident that would like to start a new business in New Jersey? YES NO

Are you a New Jersey resident that already has an existing business in New Jersey? YES NO

How did you hear about the Institute’s Business Skills Development Program?

- | | |
|--|--|
| <input type="checkbox"/> Other agency/ organization | <input type="checkbox"/> Website |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Hispanic Institute Brochure |
| <input type="checkbox"/> Hispanic Institute Postcard | <input type="checkbox"/> Newspaper Ad – El Especialito |
| | <input type="checkbox"/> Other: _____ |

Personal Information:

First Name: _____ **Last Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Date of Birth** / / **mm/dd/yy**

1) When is the best time for someone to call you?

- | | |
|---|--|
| <input type="checkbox"/> Anytime | <input type="checkbox"/> AM 9 am – 12 Noon |
| <input type="checkbox"/> PM 12 Noon – 5pm | <input type="checkbox"/> Evenings- 5pm – 9pm |

2) Which phone number is best to call you?

- Home
- Cell

BUSINESS INFORMATION:

3) Current business status?

- Currently own a business that is less than 1 year old
- Currently own a business that is 1-5 years old
- Currently in business over 5 years
- Thinking of starting a business
- In process of starting or acquiring a business

4) If you currently own a business, what type of business do you own?

- Home Based Business Retail Store Service Business Product Business
- Service & Product Business Food Based Service Restaurant Manufacturing
- Other: _____

5) How long have you been operating this business?

- Not yet started 2-3 years 5 or more years
- 1-2 years 3-5 years

6) For those thinking of starting a business, what type of business will you start, select from the following categories:

- Home Based Business Retail Store Service Business Product Business
- Service & Product Business Food Based Service Restaurant Manufacturing
- Other: _____

7) If you have started a business, what is the business name?

8) If you have started a business, select the business entity or legal format of the business:

- Sole proprietorship using own name Corporation (Regular)
- Sole proprietorship filed DBA S-Corporation
- Partnership - If yes, how many partners: _____ LLC – Limited Liability Company
- Other: _____

11) Do you have capital to start the proposed business? Please tell us how much capital you have.

- \$8,001 and more
- \$5,001 - \$8,000
- \$3,001 - \$5,000
- \$1,000 - \$3,000
- I have no capital

12) Do you have assets (home, car, 401k) you can use as collateral for a business loan?

- Home I own free and clear
- Home I still owe a mortgage on
- Car I own free and clear
- Other real estate I own
- 401k Retirement Plan
- I have no assets to use for collateral

13) Tell us about your personal credit score. Please select the range that includes your score.

- 750 – 850
- 651 – 749
- 501 – 650
- 401 – 500
- 0 – 400
- I do not know my credit score

14) The Hispanic Institute’s Entrepreneurship Fundamentals course offers classroom lectures and lab workshops utilizing the following software applications: MS Word, MS Excel, and MS PowerPoint. Students eligible to attend the course will commit to a 15 Saturday class schedule starting February 6th to May 21th from 9 A.M to 2:30 P.M. Will you have any conflicts in your schedule that will NOT allow you to meet the attendance requirement?

- NO, I have no conflicts
- YES, I do have a conflict, but I will rearrange my schedule if accepted into the program
- YES, I do have a conflict and will not be able to attend

15) The Business Skills Development program offers counseling service available, by appointment only, during certain hours during the week and on Saturdays. We will be offering a limited amount of counseling sessions. The counseling service is free.

Can you commit to schedule an appointment with our Business Consultant for one-on-one counseling sessions beginning February, 2016?

- YES
- NO

Demographic Information

16) What is your gender? Male Female

17) Ethnic Background (check one): Hispanic/Latino Not Hispanic/Not Latino

Country of Origin: _____

18) How would you describe your nationality or race? (check one):

- African American
- Asian
- Caucasian
- Native American
- Other:

19) Marital Status (check one): Single Married Divorced Separate
 Widowed

20) How many individuals are in your household? (check once)

- 1 to 2 5 to 7 9 or more
- 3 to 4 7 to 8

21) What is your combined household income? (check one)

- 0 – 12,000 31,001 – 40,000 80,001 – 100,000
- 12,001 – 20,000 40,001 – 60,000 more than 100,000
- 20,001 – 30,000 60,001 – 80,000

22) What is your highest level of educational attainment?

- Master's Degree
- Bachelor's Degree
- Associates Degree
- High School Diploma
- Less than High School Diploma
- Other certification – Specify: _____

23) What is your current employment status? (Full-time = 35 hours or more a week, Part Time = Less than 35 hours a week)

Please check all that apply

- Self-employed Full Time
- Self-employed Part Time
- Employed by someone else Full Time
- Employed by someone else Part Time
- Working and in school
- Laid off, waiting for call back
- Currently seeking employment
- Currently in school or job training program
- Homemaker, not seeking employment
- Retired, not seeking employment

Self -Certification: I certify that the name and personal information provided on this form are true and correct. I understand that this information will help the Hispanic Institute's Business Skills Development Program evaluate my business needs and keep track of current business status/ goals.

SIGNATURE

DATE