



## Citizenship Status

Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Duration in US \_\_\_\_\_  
City, State, or County (if born or have lived abroad)

If you are not a US citizen, please give us the following information:

Are you a US Permanent Resident?  Yes  No A# \_\_\_\_\_

If you are not a Permanent Resident, do you already have a work visa?  Yes  No

If yes, what type? \_\_\_\_\_

## Ethnicity. How would you describe yourself?

- |  |                                       |   |  |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> African American              | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Japanese                     | <input type="checkbox"/> American Indian or Alaskan native (tribal affiliation: _____) |
| <input type="checkbox"/> Caribbean American            | <input type="checkbox"/> Chicano      | <input type="checkbox"/> Korean                       |  |
| <input type="checkbox"/> Other Black                   | <input type="checkbox"/> Other Latino | <input type="checkbox"/> Asian Indian                 |  |
| <input type="checkbox"/> Caucasian, white (non-Latino) | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Other Asian/Pacific Islander | <input type="checkbox"/> Other _____   |

Is English your native language?  Yes  No If "No," please indicate your primary language: \_\_\_\_\_

## Educational Background

School last attended \_\_\_\_\_  
Name of School City, State Years Attended (From/To)

Highest grade completed:  9  10  11  12  13  14  15  16  More

Did you graduate or will you graduate from high school?  Yes  No If yes, on what date? \_\_\_\_\_

Did you withdraw and complete GED?  Yes  No If yes, on what date? \_\_\_\_\_

Are you currently enrolled in a GED program?  Yes  No If yes, when do you finish? \_\_\_\_\_

Name of GED program enrolled in \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Have you attended other training or educational programs since high school?  Yes  No

Name of School, Program, Institute	Location (City, State)	Reason for Leaving	Dates Attended (From/To)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Household Composition

Please list all the individuals who currently live with you.

Name	Relationship	Age	Date of Birth	School/Occupation	Highest Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you currently the head of household?  Yes  No

Are you on the lease?  Yes  No

Do you have any children?  Yes  No

How many? \_\_\_\_\_ Ages: \_\_\_\_\_

Are you the primary caregiver?  Yes  No

Are you responsible for other children?  Yes  No

Do you need childcare arrangements?  Yes  No

Are you pregnant or expecting a child?  Yes  No

### Household Income

How much income did your household earn during the last six/twelve months?

	Six Months	Twelve Months
Self	_____	_____
Parents	_____	_____
Other(s)	_____	_____
Total	_____	_____

Are you currently paying child support?  Yes  No Amount per month \_\_\_\_\_

Are you currently receiving child support?  Yes  No Amount per month \_\_\_\_\_

Are you or any member of your family currently receiving some form of public assistance?  Yes  No

Have you been required to participate in OES or WEP welfare to work programs?  Yes  No

If you are currently receiving Unemployment Benefits, please indicate:

Amount per week \_\_\_\_\_ Number of weeks remaining \_\_\_\_\_

If you or any member of your household is currently receiving public assistance, please answer the questions in this section.

Are you or have you ever received any of the following types of public assistance? (Mo/Yr to Mo/Yr) Has anyone that currently lives with you ever received any of the following types of public assistance? (Mo/Yr to Mo/Yr)

- |   |             |   |             |
|---|-------------|---|-------------|
| <input type="checkbox"/> SSI Social Security Disability | When? _____ | <input type="checkbox"/> SSI Social Security Disability | When? _____ |
| <input type="checkbox"/> MDCAID Medicaid                | When? _____ | <input type="checkbox"/> MDCAID Medicaid                | When? _____ |
| <input type="checkbox"/> MDCARE Medicare                | When? _____ | <input type="checkbox"/> MDCARE Medicare                | When? _____ |
| <input type="checkbox"/> HR Home Relief                 | When? _____ | <input type="checkbox"/> HR Home Relief                 | When? _____ |
| <input type="checkbox"/> FS Food Stamps                 | When? _____ | <input type="checkbox"/> FS Food Stamps                 | When? _____ |
| <input type="checkbox"/> Unemployment                   | When? _____ | <input type="checkbox"/> Unemployment                   | When? _____ |

**Veteran Status.** Are you a Veteran of Military Service?  Yes  No

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Years in service: \_\_\_\_\_

Discharge Status:  Honorable  Dishonorable

### Conviction Record

Note: Individuals with certain conviction records are eligible to apply for the Program. Information regarding convict records is collected in order to accommodate any special scheduling needs.

Do you have a record of conviction?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

What was the final disposition? \_\_\_\_\_

Are you currently on probation or parole?  Yes  No Until When? \_\_\_\_\_

Parole Officer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Do you have any scheduled court dates and/or appointments coming?  Yes  No if yes, please indicate when below.

\_\_\_\_\_  
\_\_\_\_\_

### Health Information

Do you currently have medical and healthcare insurance coverage?  Yes  No

Doctor/Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Medical Center \_\_\_\_\_

Number & Street \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

When was the last time you were seen by a doctor? Date \_\_\_\_\_  
Month Day Year

Do you have any health problems or disabilities that would prevent you from fully participating in the Program?  Yes  No

Explain \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication?  Yes  No

Which? \_\_\_\_\_

Do you have any known allergies?  Yes  No

Describe \_\_\_\_\_

Do you exercise or work out regularly?  Yes  No

Describe \_\_\_\_\_  
\_\_\_\_\_

How would you rate your blood pressure?  Low  Normal  High  Don't know

How would you rate your overall health?  Excellent  Good  Fair  Poor

*Because of legal requirements, for some portions of the training, participants will be asked to shave off facial hair.*

*Is this a problem for you?*

Yes  No

### Work Readiness

Are you available to participate in training Monday thru Friday 8:00am to 3:30pm for 9-12 weeks between January and March 2010?  Yes  No

Do you have any previous experience in the carpentry and/or construction trades?  Yes  No

Are you able to arrive at a work site as early as 7:00 am?  Yes  No

Do you currently have a driver's license?  Yes  No

Do you own an automobile?  Yes  No

If Yes, Type: \_\_\_\_\_

Model/Year: \_\_\_\_\_

State Issued \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Condition: \_\_\_\_\_

Do you have access to an automobile?  Yes  No

Do you have a valid learners permit?  Yes  No

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## Employment History

Are you currently employed?  Yes  No

Check:  Full-time  Part-time  Day  Evening

When did you receive your last paycheck?

Out of the last six months, how many months did you work?

Do you have any volunteer/community service experience?  Yes  No

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your three most recent jobs.

Employer	Hrs Worked	Begin Date (Mo/Yr) Per Week	End Date (Mo/Yr)
Street Address	City/State/Zip Code	Telephone Number	
Job Title	Supervisor's Name	Salary/Hourly Wage	
Duties			
Reason for Leaving			

**2.**

Employer	Hrs Worked	Begin Date (Mo/Yr) Per Week	End Date (Mo/Yr)
Street Address	City/State/Zip Code	Telephone Number	
Job Title	Supervisor's Name	Salary/Hourly Wage	
Duties			
Reasons for Leaving			

**3.**

Employer	Hrs Worked	Begin Date (Mo/Yr) Per Week	End Date (Mo/Yr)
Street Address	City/State/Zip Code	Telephone Number	
Job Title	Supervisor's Name	Salary/Hourly Wage	
Duties			
Reason for Leaving			

**Certification.** All applicants must sign below.

I certify that all information on this application is complete, accurate, and true to the best of my knowledge. If accepted into the Program, I agree to abide by all the rules and regulations set forth by the Program.

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Print Name

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Applicant Signature

Date

**Note:** Once you have successfully completed the first step of the screening process, you will be asked to provide all supporting documentation for the information provided in the application, including:

- Birth Certificate
  - Social Security Card
  - Valid Identification
  - Proof of Address
  - Citizenship Status
  - High School Diploma/GED
  - Driver's License
  - Verification of Household Income
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