

YOUTHBUILD APPLICATION

Date _____

I. PERSONAL INFORMATION

Name _____ Social Security No. _____

Address _____

County of Residence _____ Race _____

Telephone No. _____ Message Phone No. _____

Cell Phone No. _____ Email Address _____

Emergency Contact Information: _____

Date of Birth: _____ Age: _____ Sex: Male _____ Female _____

Where did you hear about Youthbuild?

- Newspaper
- Radio
- TV
- Flyer
- Somebody told me about it
- Other (write in _____)

Why are you interested in being in this program?

If you are accepted into this program, you will be in class or on the construction site approximately 32 hours per week, Monday-Saturday (variable hours) for the next 6-7 months. You will be studying reading, writing and math to help you prepare for a GED and the construction trade. You will also be studying Work Readiness, Leadership and Entrepreneurial skills.

What would you like to get out of the class?

II. HEALTH INFORMATION

Do you have any physical, mental, or other health problems? No____ Yes____

If yes, please describe:

Are you supposed to wear glasses? No____ Yes____

Do you have asthma? No____ Yes____

Do you have diabetes? No____ Yes____

Do you smoke? No____ Yes____

If you smoke, can you limit it to breaks and lunchtime? No____ Yes____

Have you ever had a physical examination? No____ Yes____

If yes, when was your last examination? Date:_____

III. HOBBIES AND INTERESTS

Do you play a musical instrument or play certain sports? What interests or hobbies do you have?

IV. EDUCATION

Last school attended:_____

Highest grade completed:_____ Last year in school:_____

If you did not complete HS or get your GED, why did you drop out?

Did you take any shop courses in school? No____ Yes____

If yes, which ones?

Do you know how to drive? No____ Yes____

Do you own a car? No____ Yes____

Do you have a valid Driver's/Operator's license? No____ Yes____

Do you have a valid Chauffeur's/Commercial license? No____ Yes____

Do you have a valid photo ID card? No____ Yes____

Do you have a social security card? No____ Yes____

Do you have a birth certificate? No____ Yes____

If male, are you registered for Selective Service? No____ Yes____

V. TRAINING AND WORK HISTORY

Have you ever been in another training program? No____ Yes____

If yes, give the name, location, and type of training for that program:

Dates you attended the program: _____

Did you complete the program? No____ Yes____

LAST JOB

Have you ever had a job before? No____ Yes____

If yes, what is the name and address of the company?

Dates you worked there: _____

What was the pay per week (or per hour)? _____ Full-time__ Part-time__

What was your job title? _____

What kind of work did you do?

What was your supervisor's name and title? _____

Why did you leave?

CURRENT JOB

Are you currently working? No____ Yes____

If yes, is your job: Full____ Part____

What is the pay per hour? _____

How many hours do you work each week on average? _____

VI. CONSTRUCTION EXPERIENCE

Have you had any construction or rehabilitating experience? No____ Yes____

Was it paid experience? No____ Yes____

Please describe the experience:

What are you interested in doing for a career?

What types of jobs do you think are available in the field of construction?

VII. ADDITIONAL INFORMATION

Have you served in the US Military? No____ Yes____

If yes, which branch? _____

Rank_____ Discharge_____ Dates_____

VIII. ELIGIBILITY SCREENING

I am a parenting teen age 16-24. No____ Yes____

Number and age(s) of child(ren): _____

I attend(ed) Special Education classes in school. No____ Yes____

I have been convicted of a misdemeanor or felony OR been involved in the court system. No____ Yes____

If a misdemeanor(s), describe offense, date of offense, and county of offense:

If a felony/felonies, describe offense, date of offense, and county of offense:

If yes, are you on probation? No____ Yes____

Name and telephone of Officer: _____

Are you on parole? No____ Yes____

Name and telephone of Officer: _____

I did not complete high school OR am behind grade level in school. No____ Yes____

I receive public assistance. No____ Yes____

I need assistance in order to become successfully employed. No____ Yes____

I have a learning or other disability. No____ Yes____

I am homeless. No____ Yes____

I am a foster child. No____ Yes____

I am claimed on someone else's federal/state taxes. No____ Yes____

Individual/family income:

**** eligibility for this program is based in part on your family's income. Please provide the following information.**

Check if anyone in your household receives the following:

Food Stamps TANF SSI SSDI Alimony
 Child Support Retirement Survivor's Benefits

For the *last 6 months*, please note wages and all other income received in your household (please include any items checked above):

| <u>Household MemberName</u> | <u>Relationship to Applicant</u> | <u>Income/Last 6 months</u> |
|-----------------------------|----------------------------------|-----------------------------|
| 1) Applicant | Applicant | \$ _____ |
| 2) _____ | _____ | \$ _____ |
| 3) _____ | _____ | \$ _____ |
| 4) _____ | _____ | \$ _____ |
| 5) _____ | _____ | \$ _____ |
| 6) _____ | _____ | \$ _____ |
| 7) _____ | _____ | \$ _____ |
| 8) _____ | _____ | \$ _____ |

I certify that the above information is on this application is true and accurate to the best of my knowledge. I understand that such information is subject to verification, and I further realize that falsified or fraudulent information may result in the rejection of this application, termination from the Youthbuild and Workforce Investment Act programs or prosecution under the law.

Applicant Signature

Date

Send completed application to:

**Verlane Mack, Vice President
Employment Resources Inc
112 Peach Grove Lane
P.O. Box 481
Montross, VA 22520**

**Telephone Number: 804-493-1200
FAX Number: 804-493-1272**