



# Application

Racine Family YMCA

First Choice Pre-Apprenticeship Training  
 ITA ID: 479-001 001: Southeast Wisconsin  
 Lead Safe Company Certificate # DHS 629540

FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## FILL OUT APPLICATION COMPLETELY.

First Name:	Home Phone:
Middle Name:	Work Phone:
Last Name:	Cell/Pager:
Social Security Number:	Date of Birth:
Address:	Message #:
Apt./Suite #:	City:
Zip Code:	E-Mail:

## PARTICIPANT DEMOGRAPHICS

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Never had one <input type="checkbox"/> No, Revoked <input type="checkbox"/> No, Suspended	Military	<input type="checkbox"/> No <input type="checkbox"/> Yes, honorable discharge <input type="checkbox"/> No, dishonorable discharge <input type="checkbox"/> In ROTC	
What is the highest degree you have earned?	<input type="checkbox"/> None <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED/HSED <input type="checkbox"/> Technical Certificate <input type="checkbox"/> Some College <input type="checkbox"/> 2 yr. Degree <input type="checkbox"/> 4 yr. Degree or Higher	Do you have any children? Yes _____ No _____		
Highest Grade completed:		If yes, how many children do you have? _____		
Marital Status		Do you currently owe child support? Yes _____ No _____		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Are you legally authorized to work in the U.S.A.?		Yes/True _____ No/False _____

## BACKGROUND

In the last 12 months, Did you receive: (check all that apply)	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	VA Benefits	<input type="checkbox"/>	Supplemental Security Income (SSI)
	<input type="checkbox"/>	Social Security Income	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	State/Local General Assistance
	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/>	Social Security Disability Income (SSDI)	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Medicaid Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
Do you have:	Yes___ No___	A Photo ID	Yes___ No___	Copy of High School Transcript	Yes___ No___	Access to reliable transportation
	Yes___ No___	A Birth Certificate	Yes___ No___	Green Card (if applicable)	Yes___ No___	
	Yes___ No___	Copy of High School Diploma	Yes___ No___		Yes___ No___	
During the past 6 months have you at any time been homeless or lived in an emergency shelter?	Yes___ No___		During the past 6 months have you at any time lived in a halfway house?	Yes___ No___		
Have you ever been...	Yes___ No___	Convicted of a misdemeanor	Yes___ No___	Convicted of child abuse	Yes___ No___	Arrested for D.U.I./D.W.I.
	Yes___ No___	Convicted of a felony	Yes___ No___	In an alcohol/drug treatment program	Yes___ No___	
	Yes___ No___	Convicted of a violent crime	Yes___ No___		Yes___ No___	
	Yes___ No___	Convicted of spousal abuse	Yes___ No___		Yes___ No___	



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Have you ever been incarcerated in prison or jail for committing an offense?	Yes____ No____	If yes, most recent release date: _____ Describe where: _____	Do you have any current charges pending? (if yes explain below)	Yes____ No____
Are you currently on...	Parole Yes____ No____	Probation Yes____ No____	If yes to either, how long? _____ When does parole/probation end? _____	

## WORK HISTORY

Have you ever been employed?	Yes____ No____	Have you ever been employed full time?	Yes____ No____
What is the longest you ever worked for any one employer full time?	____ Years ____ Months	Are you currently employed?	Yes____ No____
In the last 12 months, how many months were you:		If you are interested in a trade, list trade according to interest.....REQUIRED!	Date: _____ Reason for leaving?
___ Working full time (30+ hrs. per week) ___ Working part time (29 hrs. or less per week) ___ Doing occasional/pick-up jobs while trying to find full/part time work ___ Incarcerated, not working ___ Unemployed but seeking work ___ Self employed		<b>Trades of Interest:</b> 1. _____ 2. _____ 3. _____	

### Please list information for your Current or most recent 2 jobs:

Company Name		City	State		Contact Person
Job Title	Start Date	End Date	Hourly Wage	Hrs./Week: Shift: 1st ____ 2nd ____ 3rd ____	Reason for Leaving <input type="checkbox"/> Temporary <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Other (please explain)
Were Health benefits available? Yes____ No____		Did the company provide paid vacation/sick leave? Yes____ No____		How well did the wage cover your financial needs? Very Well      Fairly well      Not very well      Not at all	
Company Name	City	State		Contact Person	
Job Title	Start Date	End Date	Hourly Wage	Hrs./Week: Shift: 1st ____ 2nd ____ 3rd ____	Reason for Leaving <input type="checkbox"/> Temporary <input type="checkbox"/> Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Other (please explain)
Were Health benefits available? Yes____ No____		Did the company provide paid vacation/sick leave? Yes____ No____		How well did the wage cover your financial needs? Very Well      Fairly well      Not very well      Not at all	

### DO THE FOLLOWING MAKE IT DIFFICULT TO FIND OR KEEP A JOB? (Check all that apply)

- |                                     |                               |                     |
|-------------------------------------|-------------------------------|---------------------|
| ___ Health problems or disabilities | ___ Problems speaking English | ___ Criminal record |
| ___ Trouble reading or writing      | ___ Lack of transportation    | ___ Other:          |
| ___ Lack of green card              |                               |                     |

