

Application

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

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	Yes	Military No				
license?	No, Never had one	Yes,	honorable discharge			
	No, Revoked	No, d	dishonorable discharge			
	No, Suspended	In R	OTC			
What is the highest degree	None					
you have earned?	High School Diploma	Do you have any children? Yes_	No			
	GED/HSED					
Highest Grade completed:	Technical Certificate	If yes, how many children do you have?				
	Some College					
	2 yr. Degree	Do you currently owe child suppor	t? YesNo			
	4 yr. Degree or Higher					
Marital Status	Single	Are you legally authorized to	Yes/True			
	Married	work in the U.S.A.?	No/False			
	Separated					
	Divorced					
	Widowed					

BACKGROUND

In the last 12 m	the last 12 months, Food Stamps			VA Benefits				Supplemental Security Income			
Did you receive		Social Security Income			Unemployment				(SSI)		
(check all that a	oply)	oply) Worker's							State/Local General Assistance		
			Compensati				I Security D	isability			
			Medicaid Be	enefits		Incon	ne (SSDI)			Other	
Do you have:	Yes	_ N	o A Pho	oto ID			Yes	No		Copy of High So	chool Transcript
	Yes	_ N	A Birth Certificate				Yes	No		Access to reliable transportation	
	Yes	N	No Copy of High School Diplom			loma	Yes	No		Green Card (if applicable)	
During the past 6 months have you at any time been homeless or lived in an emergency shelter? Yes					ng the past lived in a h			e you at any	Yes No		
Have you	Yes	N	o Conv	icted of a mi	sdemea	anor	Yes	No	С	onvicted of child al	buse
ever been	Yes	N	o Conv	Convicted of a felony			Yes	No	Ar	Arrested for D.U.I./D.W.I.	
	Yes	N	o Conv	Convicted of a violent crime			Yes	No	In	an alcohol/drug tr	eatment program
	Yes	N	o Conv	Convicted of spousal abuse							



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FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Have you ever been Yes			If yes, most recent release		Do you have any current charges		Yes		
incarcerated in prison or jail for committing an offense?	r	No		date: Descri where:		pending? (if yes explain below)		No	
Are you currently on	Parc	ble	Yes		Probation	Yes		If yes to either, how long?	
			No_			No	_	When does parole/probation end?	2

WORK HISTORY

Have you ever been employed?						Have you ever been employed full time?				No	
What is the longest you ever worked for any one employer full time? Years Are younged Months Months					u currently Yes yed? No				no, what was the ate you left your st job:Date:Reason for leaving?		
Working part	nrs. per week) nrs. or less per week) up jobs while trying to find ng			If you are interested in a trade, list trade according to interestREQUIRED! Trades of Interest: 1. 2. 3.							
Please list informatio	n for your	Curre	ent or most re	cent 2 jobs	:						
Company N	lame		City			State			Con	tact Person	
Job Title	Start Dat	e	End Date			Hrs./V Shift:	Veek: 1 st 2 nd	□ Fire	Reason for Leaving □ Temporary □ Layoff □ Fired □ Quit □ Other (please explain)		off
		D .1	4	L		3rd How well did the wage cover your financial needs?					
Were Health benefits available? YesNo		Did the company provide pa vacation/sick leave? Yes							Fairly well Not very well Not at all		
Company N	lame		City		ļ	State			Con	tact Person	
Job Title	Start Dat	e	End Date			Hrs./W	Veek: 1 st 2 nd 3 rd	Firee	Reaso porary d er (please e	🗆 Quit	off
Were Health benefits available? YesNo		Did the company provide pa vacation/sick leave? Yes					-			/our financial ot very well	needs? Not at all
DO THE FOLLOWING MAKE IT DIFFICULT TO FIND OR KEEP A JOB? (Check all that apply)											



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EMERGENCY CONTACT

CONTACTS: Identify an individual (not living with you) who will know how to contact you

NAME:	ADDRESS:
CITY:	_ STATE: ZIP CODE:
HOME PHONE: ()	CELL PHONE: ()
WORK PHONE: ()	RELATIONSHIP:

Applicant's Certification and Consent to Release Information

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I realize that falsified or fraudulent information may result in the rejection of this application and termination from First Choice Pre-Apprenticeship Program. I understand this application is not a guarantee of acceptance in any Y programs. I agree to participate in assessment services administered by the Y and its partner providers. As part of the service I will be completing tests that m ay include but are not limited to profiles of my aptitudes, interests, values, skills and personal style. I give consent to disclose my assessment results to the Y and its partner providers unless I otherwise authorize in writing. In order to verify the information or conduct further evaluation it may be necessary to collect additional information from records at government agencies. This information could include but not be limited to unemployment insurance, Social Security earnings, Temporary Assistance to Needy Families (TANF) records. My signature below, allows the release of this information and job placement data to HCDC staff for program monitoring, verification, additional data collection and evaluation purposes. By my signature below, I acknowledge that I have read and fully understand the information above.

I have applied to participate in the Racine Family YMCA training program, and as a condition of my application being considered, I understand and agree to undergo substance screening if required. I understand that if my test results are positive, I shall not be considered further for training except after rehabilitation and counseling.

Yes:	No:	

Signature of Applicant:_____

Date:_____

STAFF NOTES

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