

Application

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

FILL OUT APPLICATIONS COMPLETELY.

First Name:	Home Phone:
Middle Name:	Work Phone:
Last Name:	Cell/Pager:
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, e	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? Yes No		
	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		Food Stamps				VA Benefits				Supplemental Se	ecurity Income	
Did you receive		Social Security Income			Uner	Unemployment			(SSI)			
(check all that a	oply)	Worker's							State/Local General Assistance			
		Compensation				Social Security Disability						
			Medicaid Be	enefits		Incon	ne (SSDI)			Other		
Do you have:	Yes	_ N	o A Pho	oto ID			Yes	No		Copy of High S	chool Transcript	
	Yes	_ N	No A Birth Certificate				Yes	No		Access to reliable transportation		
	Yes	_ N	No Copy of High School Diplon			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					ig the past lived in a h			e you at any	Yes No			
Have you	Yes	N	o Conv	icted of a mi	sdeme	anor	Yes	No	С	onvicted of child a	buse	
ever been	Yes	N	o Conv	Convicted of a felony			Yes	No	A	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	No Convicted of spousal abuse									



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FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

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

WORK HISTORY

Have you ever been employed?		Yes No Have you ever been full time?			ver been er	nployed	Yes	_ No			
	/hat is the longest you ever orked for any one employer Ill time? Years Are you c employed				No		If no, what date you le last job:		Date: Reason for I		
In the last 12 months, how many months were you: If you are interested in a trade, list trade a interestREQUIRED! Working part time (29 hrs. or less per week) If you are interested in a trade, list trade a interestREQUIRED! Doing occasional/pick-up jobs while trying to find full/part time work 1. Incarcerated, not working 2. Unemployed but seeking work 3.											
Please list informatio	n for your	Curre	ent or most re	cent 2 jobs	6:						
Company N	lame		City			State			Con	tact Person	
Job Title	Start Dat	e	End Date	Hourly W	Hourly Wage Hrs./Week: Shift: 1 st 2 nd		□ Fired	Reason for Leaving □ Temporary □ Layoff □ Fired □ Quit □ Other (please explain)			
Were Health benefits		Did	the company	nrovide na	hid	d 3 rd d How well did the wage cover your financial nee				needs?	
available? Yes No			ation/sick lea				J			ot very well	
Company N	lame		City			State			Con	tact Person	
Job Title	Start Dat	e	End Date	Hourly W	Hourly Wage Hrs./Week: Shift: 1 st 2 nd 3 rd		□ Fired	Reason for LeavingImage: TemporaryImage: LayoffImage: FiredImage: Colspan="3">QuitImage: Other (please explain)		off	
Were Health benefits available? Yes No			d the company provide paid How well did the wage cover your finan cation/sick leave? Yes No 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:	A	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 may 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
