



YouthBuild Program

(Document Check List)

Applicants Name: _____

_____ Photo Identification (drivers license, state ID)

_____ Social Security Card

_____ Police Report

_____ Proof of Residence (mail with applicant's name, ID)
Must reside in Hamilton County.

_____ Completed Application

_____ Proof of Income (check stub or employment
verification on company letter head)

These documents must be submitted before an applicant
can be considered into the YouthBuild program.

Applicants Signature/Date

Staff Signature/Date



Date _____

NAME _____ SS# _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE _____ Date of Birth _____ Age _____

Where did you hear about YouthBuild?

- Newspaper
- Radio
- TV
- Flyer
- Somebody told me about it
- Other _____

1. Why are you interested in being in this program?

2. If you are accepted into this program, you will be in class Monday-Friday, 8:30 to 11:30 a.m., studying reading, writing and math skills to help you prepare for a GED and for the construction trades. What would you like to get out of the class?

HEALTH

Do you have any physical, medical, or health problems? Yes No

If yes, please describe:

Are you supposed to wear eyeglasses? Yes No

Do you have asthma? Yes No

Diabetes? Yes No

Do you smoke? Yes No

If you smoke, can you limit your smoking to breaks and lunchtime? Yes No

Have you ever had a physical examination? Yes No

If yes, when was your last physical exam? (date)_____

EDUCATION

Last school attended _____

Highest grade completed _____ Last year in school _____

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

Did you take any shop courses in school? Yes No

If yes, which ones? _____

Do you know how to drive? Yes No

Do you own a car? Yes No

Do you have a Driver's /Operator's License? Yes No

Do you have a Chauffeur's/Commercial License? Yes No

TRAINING AND WORK HISTORY

Have you ever been in another training program? Yes No

If yes, give name and location of program:

Dates you attended this program: _____

Did you complete the program? Yes No

LAST JOB

Have you ever held a job before? Yes No

Name of Company _____

Address of Company _____

Dates you worked there: From _____ To _____

What was the pay per week? \$ _____

Job Title _____

What kind of work did you do? _____

Supervisor's Name and Title _____

Why did you leave? _____

CURRENT JOB

Are you currently working? Yes No
If so, is your job: Full Time Part Time

Number of hours, on average, you work each week: _____

CONSTRUCTION EXPERIENCE

Have you had any construction or rehab experience? Yes No

Was it paid experience? Yes No

Please describe this experience.

What are you interested in doing for a career?

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

ADDITIONAL INFORMATION

U.S. Military Service? Yes No

If yes, what branch? _____

Rank _____ Discharge _____ Dates _____

Have you ever been convicted of any crime? Yes No

If yes, please describe and include dates and status of case:

If yes, are you on probation? Yes No

Name and Number of officer _____

Are you on parole? Yes No

Name and phone number of officer _____

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a finding of guilt)?

Yes No

If yes, where, for what, and give dates: _____

Income Verificaiton

List all sources of income including Public Assistance the applicant and each family member that is receiving including ADC/TANF, SSI, food stamps, Social Security, child support and or general assistance.

Relationship Self/Student	Name of each person living in household	Age	Source of Income	Gross Monthly Income

<input type="radio"/> Asian <input type="radio"/> American Indian/Alaska Native & White <input type="radio"/> Bi Racial <input type="radio"/> Black / African American <input type="radio"/> Other Multi-Racial <input type="radio"/> White <input type="radio"/> Asian & White
Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No
Female Head of House <input type="checkbox"/> Yes <input type="checkbox"/> No

I verify that this information is accurate to the best of my knowledge, and I understand that this information is subject to verification by authorized officials.

Applicant's Signature _____ Date: _____

Person verifying Income Eligibility _____

Please Circle: <input type="radio"/> Eligible <input type="radio"/> Ineligible
