



Student Application

Name: _____ Date _____
Last Name First Name Middle Name

Address: _____
Street Apt. # City State Zip Code

Phone: () _____ Alternate Phone: () _____

List E-Mail Address: _____

_____/_____/_____ Gender: Female Male
Social Security Number Date of Birth Age

Race: Hispanic White Asian Current Living Status: Living with Parents Living with Spouse
Black American Indian Living Alone Living with Friends Single Parent

Citizenship: U.S. Citizen U.S. Citizen-Nationalized Legal Alien/Refugee

Criminal History

Have you ever been convicted of a: Felony? Yes No Misdemeanor? Yes No

When: _____ Why: _____

Are you currently reporting to a Probation Officer? Yes No Name: _____
(Provide probation documentation)

Do you have any pending charges or pending court date scheduled? Yes No
Explain: _____

Education

Last School Attended _____ Highest Grade Completed: _____

Were you ever in any Spec. ED or CMC classes in school? Yes No Subject: _____

Do you have a High School Diploma or GED? Yes No From: _____

Have you ever been GED Tested? Yes No When: _____
Scores: _____ SS _____ RLA _____ Sci. _____ Math

How many individuals live with you? _____ Estimated Annual Income: \$ _____

Are you a parent? Yes # of Children _____ No Pregnant? Yes Due Date: _____ No

Public Assistance: TANF Food Stamps Housing Child Support SSI None

Other _____

Have you ever worked before or are you currently working? Yes No When: _____

Company: _____

Position: _____ Salary: \$ _____

How were you referred to our Program?

Friends TV/Radio Bargain Book Neighbors Flyer Tri-Folder Brochure
Office Walk-In Probation Officer: _____

Do you know anyone who has attended our program before? Yes No If Yes, Who? _____

Are you willing to wait 6 months to get your GED? Yes No-- Reason: _____

Have you or a family member served in the military? Yes ___ No ___ Who _____

Are you willing to learn Construction Skill? Yes No

Please list any medication you are taking for any physical or mental conditions:

(Provide documents from doctor that describe your condition and list of medications you have to take)

I hereby certify that the information and answers given herein are true and complete to the best of my knowledge. I agree and understand that the information is subject to verification and agree to provide such documents as may be required. I further understand that my Social Security number may be given to other federal, state, and local government, or non-government agencies.

In the event of being accepted in the YouthBuild Brownsville program. I understand that false information given in my application or interview may result in my-termination of the program. I understand, also, that I am required to abide by all rules and regulations of the program. I _____ am an applicant for participation CDCB YouthBuild Brownsville and have been advised that as part of the application process, the corporation conducts a criminal history background check. I do hereby consent to the corporation use of any information provided during the application process in performing the criminal history check. The corporation has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the corporation.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

For Office Use Only

Income Verification Completed _____

Qualified LOW Income? Yes No

TABE Test Date: _____

Interview Date: _____

Funding:
DOL YB AmeriCorps HUD

Orientation: Yes No

Comments: _____