

In each section, please check all appropriate boxes.

Sex: Male Female

Marital Status: Single Married Divorced Widowed

Ethnicity:

Are you Hispanic and/or Latino? Yes No Not Specified

Race:

- Black or African American American Indian/Alaskan Native
 White Hawaiian Native or other Pacific Islander
 Asian Not Specified

Living Situation:

- With Family/Friends Halfway House Own Residence
 Homeless Shelter Work Release Program Other: _____

Household Income/Composition:

<input type="checkbox"/>	Less than \$5,000	<input type="checkbox"/>	\$30,001 - \$40,000
<input type="checkbox"/>	\$5,000 - \$10,000	<input type="checkbox"/>	\$40,001 - \$50,000
<input type="checkbox"/>	\$10,001 - \$20,000	<input type="checkbox"/>	More than \$50,000
<input type="checkbox"/>	\$20,001 - \$30,000	<input type="checkbox"/>	

Number of adults in home: Number of children in home:

Please list the age and relation of those living in your home:

	Name	Age	Relation
Example	Bessie Smith	53	Grandmother

If you have children, please list Name, Gender and Age.

	Name	Gender	Age
Example	Rashan Moore	Male	8

Are you currently employed?	Yes	No
Do you reside in low income/subsidized housing?	Yes	No
Do you receive TRA?	Yes	No
Is English the main language spoken in your home?	Yes	No
If no, what is the primary language spoken in your home?	_____	
Will communicating in English cause a problem at work or school?	Yes	No
Have you served in the U.S. Military?	Yes	No
If yes, what branch of the military?	_____	
Are you registered for Selective Service?	Yes	No
Do you have a NJ Driver's License?	Yes	No
Do you have a CDL license?	Yes	No
Are you the child of an incarcerated parent?	Yes	No
Are you currently in foster care?	Yes	No
Do you have a physical or learning disability?	Yes	No
Have you previously applied to Passaic YouthBuild?	Yes	No

If yes, please check off all items you completed?

- Application
 TABE Assessment
 Mental Toughness

How were you informed about Passaic YouthBuild? (Check All That Apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> YouthBuild Graduate | If yes, please name: _____ |
| <input type="checkbox"/> Guidance Counselor | If yes, please name: _____ |
| <input type="checkbox"/> Social Service Agency | If yes, please name: _____ |
| <input type="checkbox"/> Referral from Organization | If yes, please name: _____ |
| <input type="checkbox"/> Parole/Probation Officer | If yes, please name: _____ |
| <input type="checkbox"/> TV/Radio/Advertisement | If yes, please name: _____ |
| <input type="checkbox"/> Friend/ Family Member | <input type="checkbox"/> Other: _____ |

EDUCATION (Circle one)

Do you have a GED? Yes No

Do you have a High School Diploma? Yes No

When you were in school, did you have an IEP (Individual Evaluation Plan) or were you diagnosed with a learning disability? Yes No

What was the last public/private school you attended? _____
City, State _____

What was the highest grade you completed? _____ Number of years out of school _____

How Many Credits Completed? _____ Which Classes Completed? _____

What was your favorite subject? _____

Have you ever taken the GED examination? Yes No

If yes, what areas did you pass? (Circle all that apply.)

Math Reading Social Studies Writing Science

If you did not receive a GED or high school diploma, why did you leave school?

Did you take any shop courses in school? Yes No

If yes, what courses did you take? _____

Do you plan to go to college? Yes No Undecided

HEALTH

Do you:

- Need eyeglasses
- Use illegal drugs
- Smoke cigarettes
- Have allergies
- Have Diabetes
- Have asthma
- Have prescribed medication

Do you have any other physical, medical, mental or other health issues? Yes No

If yes, please specify: _____

When was the date of your last physical exam? _____

ARRESTS AND CONVICTIONS

Have you ever been court involved? Yes No
Have you ever been arrested? Yes No
Have you ever been convicted/adjudicated of a crime? Yes No (Answer "yes" if you plead guilty to any charge.)

If yes, please list charges: _____

Case Outcome (Circle all that apply)

Probation Fines Detention/Incarceration Other: _____

If you have ever been detained and/or incarcerated in a correctional facility, list name: _____

Are you currently on probation or parole? Yes _____ No _____

If yes, please list Probation/Parole Officer Name: _____

Address: _____

Contact Number: _____ Reporting Day/Time: _____

TRAINING AND WORK HISTORY

Have you participated in any other work training program? Yes No

If yes, please specify program: _____

Do you have any construction experience? Yes No

If yes, please describe:

Have you ever held a job before? Yes No

If yes, what was the last company you worked for? _____

When did you start there? _____ When did you leave? _____

What was your hourly pay? _____ Supervisor's Name: _____

What were your job responsibilities? _____

By signing below, I state that the information provided on this application is accurate to the fullest extent of my knowledge. I understand that completion of this application does not guarantee admittance into the Passaic YouthBuild program.

Signature

Date

Share Your Thoughts

Express your opinions by answering the questions below with at least three sentences.

If there was one thing that you could change about yourself, what would it be?

What do you plan on contributing to the Passaic YouthBuild community?

How are you currently helping and contributing to your community?

What do you know about Passaic YouthBuild? Why do you want to be a student here?

DO NOT WRITE BELOW THIS LINE
