



Office Use Only

<u>Date Enrolled</u>	<u>Program</u>	<u>Age</u>	_____ Yes, All Documents Provided
_____	WIA Local	_____	_____ Income Eligible, _____ Limit
_____	WIA State	_____	
_____	Youthbuild	_____	

Program Application

Instructions: Complete this application with staff assistance, if necessary. If you have any questions please call us at 862-1104. **It is important that you complete this information accurately. Its accuracy contributes to your being selected to participate in this program. Supporting documents are required prior to acceptance.**

Date of Application _____

How did you learn about Pathways' Programs?

- | | | | |
|----------------------------------|---|--|--|
| <input type="checkbox"/> Friends | <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Neighborhood Flyers |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Parole Officer | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Other: _____ |

About You

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Gender
<input type="checkbox"/> African-American		_____	_____
<input type="checkbox"/> Caucasian		Date of Birth	Social Security Number
<input type="checkbox"/> Hispanic		_____	_____
<input type="checkbox"/> American Indian or Alaskan Native		City & State of Birth	Country of Birth
<input type="checkbox"/> Asian or Pacific Islander		_____	_____
<input type="checkbox"/> Multi-Racial			

I am a US Citizen. I am eligible to work in the United States. Marital Status:
 Yes No Yes No Single Married Divorced

I am registered with the US Selective Service System. Yes No Does not apply to me.

Address

Telephone Numbers
(We must be able to reach you by telephone.)

<hr/> <input type="checkbox"/> home	<hr/> <input type="checkbox"/> home	<hr/> <input type="checkbox"/> home	<hr/> <input type="checkbox"/> home
<input type="checkbox"/> cell	<input type="checkbox"/> cell	<input type="checkbox"/> cell	<input type="checkbox"/> cell
<input type="checkbox"/> place to leave message with _____	<input type="checkbox"/> place to leave message with _____	<input type="checkbox"/> place to leave message with _____	<input type="checkbox"/> place to leave message with _____

Emergency Contacts

In the event of an emergency, whom would you like us to contact? This may or may not be a family member.

Name	Relationship	Address	Day Phone	Evening phone	Cell Phone

Education

Do you have:
High School diploma? Yes No
GED? Yes No
High School Certificate of Attendance? Yes No

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 receive any special help while in school? Yes No

Please describe: _____

Have you ever attended an alternative school? Yes No If Yes, which one? _____

About Your Family

Your father's heritage:

- African-American
- Caucasian
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Multi-Racial

Your mother's heritage:

- African-American
- Caucasian
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Multi-Racial

Is English spoken fluently in your household? Yes No, my family speaks _____

About Your Children

I am pregnant. Yes No Does not apply to me. I am due in: _____
month

Name	Gender	Date of Birth	Social Security#	Lives with you?	Claim as a dependent?

Do you need help finding daycare to participate? Yes No

Household Income

Please read the next set of instructions carefully. Your answer is used in determining income qualifications for this program.

The next question includes everyone in your household, except non-relatives unless they are your guardian.

Total annual household income: _____
(You will be required to provide documentation to support this amount.)

Living Arrangements

- In my household, I am: (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Parent in 1 parent family | <input type="checkbox"/> Child in 2 parent family |
| <input type="checkbox"/> Parent in 2 parent family | <input type="checkbox"/> Other family member |
| <input type="checkbox"/> Child in 1 parent family | <input type="checkbox"/> Not a family member |

- | | |
|--|---|
| <p>I live with:</p> <input type="checkbox"/> family
<input type="checkbox"/> alone
<input type="checkbox"/> friends
<input type="checkbox"/> homeless | <p>I live in:</p> <input type="checkbox"/> a group home <input type="checkbox"/> apartment
<input type="checkbox"/> a halfway house <input type="checkbox"/> correction facility
<input type="checkbox"/> house
<input type="checkbox"/> section 8 or public housing |
|--|---|

Number living in your household: _____

Name	Gender	Age	Relationship to you

- Does your household currently receive food stamps? Yes No
- Has your household received food stamps in the past 6 months? Yes No

- Do you or anyone in your household receive **General Assistance**? Yes No
- GA Category: GA Case Number: _____
- Absent parent GA began on: _____
- Unemployed principal Wage earner GA monthly amount: _____

- Do you or anyone in your household receive **Refugee Assistance**? Yes No
- RA Category: RA Case Number: _____
- Chronically Needy RA began on: _____
- Transitionally Needy RA monthly amount: _____
- AFDC Refugee

- Do you or anyone in your household receive **TANF**? Yes No
- TANF Case Number: _____
- TANF began on: _____
- TANF monthly amount: _____

- Do you or anyone in your household receive **SSI**? Yes No
- SSI Category:
- Disabled Aged Blind

Are you a foster child or runaway?

Do we have permission to contact your social worker(s)? Yes No

Name	Agency	Phone Number	Ext.

Health

Do you have health insurance? Yes No

Are you covered by Medicaid? Yes No

Who is your Primary Care Physician? _____

You will need a physician's letter to excuse you from any activity due to health circumstances, including pregnancy.

Do you have any physical problems or disabilities that can interfere with this type of work? Yes No

Please describe:

I have:

- Asthma
- Diabetes
- Glasses/Contacts

I use:

- Alcohol Marijuana
- Tobacco Other Illegal Drugs

This is a no smoking, drug free work place.

List the prescription drugs you take:

Drug	Why?	How often?

Have you ever had a physical examination? Yes No Date of last physical examination: _____

Have you ever been court mandated to attend counseling for any reason? Yes No

Reason	Counselor/Agency	Phone Number	Ext.

Legal Issues

Have you ever been arrested? Yes No

Misdemeanor or Felony	Arrest Date	Nature of Crime	Pending Court Date

Have you ever been convicted? Yes No

Misdemeanor or Felony	Conviction Date	Nature of Crime	Parole or Probation?

If you have a current probation or parole officer, list below.

Probation Officer: _____ Phone: _____ Ext.: _____

Parole Officer: _____ Phone: _____ Ext.: _____

Have you ever been in a juvenile detention facility? Yes No Which one? _____

Have you ever been in an adult correctional facility? Yes No Which one? _____

Licenses and Privileges

I have:

- | | |
|--|---|
| <input type="checkbox"/> Active YMCA Card | <input type="checkbox"/> Current Learner's Permit |
| <input type="checkbox"/> Active Library Card | <input type="checkbox"/> Current Driver's License |
| <input type="checkbox"/> Voter's Registration Card | <input type="checkbox"/> Current CDL <input type="checkbox"/> Current Chauffeur's License |

If you are unable to obtain a learner's permit or driver's license, please explain why below.

I owe the following fines and not having paid them is preventing me from getting my learner's permit or driver's license.

We will help you arrange payment.

Jurisdiction	Reason for fine	Amount	Due Date

Employment History

Are you currently employed? Yes No If unemployed, last day worked. _____

Are you receiving unemployment benefits? Yes No Does not apply to me.

Most Recent Job

Employer:
Address:
Phone:
Supervisor:
Duties:
Wages: Avg. Hrs. Worked per wk:
I was employed here from _____ to _____
Reason for leaving:
I am eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Job

Employer:
Address:
Phone:
Supervisor:
Duties:
Wages: Avg. Hrs. Worked per wk:
I was employed here from _____ to _____
Reason for leaving:
I am eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Job

Employer:	
Address:	
Phone:	
Supervisor:	
Duties:	
Wages:	Avg. Hrs. Worked per wk:
I was employed here from _____ to _____	
Reason for leaving:	
I am eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Training Programs

Have you ever been in another training program? Yes No Did you complete the program? Yes No

Program name: _____

Program Location: _____

From _____ to _____

Field Trip Permission Slip

If you are under 18, you will need your parent's or guardian's permission to participate in many field trips.

I, _____, parent or guardian of _____,

give my permission for my child to participate in Pathways' field trips during his/her enrollment in the program.

Parental Consent

If you are under 18, your parent or guardian must verify the information in your application as indicated below.

I, _____, parent or guardian of _____, have reviewed this

application, attest to its accuracy, and give permission for my child to participate in the programs of

Pathways.

I give Pathways permission to check everything on the application to see if it is correct and to give the information to YouthBuild USA, AmeriCorps, Department of Housing and Urban Development, and Virginia Workforce Network and to track my progress after I leave the program. I also give Pathways permission to photograph, record, and/or videotape me while I'm enrolled in the program and permission to use these photographs, records, and/or videotapes as they see fit. In signing this application, I am saying that I have answered all of the questions truthfully. I understand that if I did not tell the truth on this application, I may not be allowed to join the program or could be asked to leave the program.

Your Signature

Date

Parent Signature (under 18 years old)

Date

Application Reviewed by (staff)

Date

Please provide at least two individuals who will support you or act as a reference you in this program.

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Necessary Documents

Listed below are documents you must have to participate. We will make a copy of them for your application file. You must have all of your required documents before you will be considered for admission to this program. If you need help obtaining these documents, call or come by our office Mon. thru Thurs., 9 am –4 pm

Required

- Social Security Card
- Driver's License or State Issued Photo ID
- Birth Certificate
- School Records
- Evidence of Household Income
(W-2 form, pay stub, IRS 1040,
Head of Household statement – see office for form)
- DMV Compliance Summary
- Completed Application

Required if

- You have children Children's Birth Certs.
- Your family receives Food Stamps Food Stamp Card
- You are registered with Selective Services Selective Service Card
- You are old enough to vote Voter's Reg. Card or
- You have health insurance Card
- You have Medicaid Card