



Application Date: \_\_\_\_\_  
Interview Date: \_\_\_\_\_  
Mental Toughness Date: \_\_\_\_\_  
Accepted Date: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

**OFFICE USE ONLY**

**Application**

YouthBuild is a program of North Shore Community Development Coalition, with grant funding provided by the U.S. Department of Labor, AmeriCorps, and MA DESE.

Please print clearly

**SECTION I – PERSONAL INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender M F

Address: \_\_\_\_\_ County \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell/pager ( ) \_\_\_\_\_

Race/ethnicity: (circle all that apply)

Hispanic/Latino American Indian or Alaskan Native Hawaiian Native or Pacific Islander Asian

White Black or African American Other \_\_\_\_\_

Marital Status: Married Single Divorced Widowed Separated Domestic Partner

Monthly Household Income \$ \_\_\_\_\_ What language do you speak at home? \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Do they live with you? Yes No Do you pay child support? Yes No

Are you a US Citizen? Yes No If "No", are you authorized to work? Yes No

Do you have a valid driver's license? Yes No Are you registered to vote? Yes No

Have you registered with Selective Service? (males over the age of 18 only) Yes No

I am currently living: (circle all that apply) with parent/guardian with spouse and/or children alone

with friends in a homeless shelter in a work/release program other \_\_\_\_\_

Have you ever been in foster care? Yes No Have either of your parents ever been incarcerated? Yes No

Have you ever been convicted of a crime? (Please answer honestly. Answering "yes" will NOT hurt your chances of being selected for YouthBuild) Yes No

If your answer is "yes", please describe the charge, the date and the status of the case (Attach additional sheet if needed).

Do you have any active court cases? Yes No If "Yes", please list the charge: \_\_\_\_\_

Are you on probation and/or parole? Yes No If "Yes", please list the name and telephone number of your probation and/or parole officer: \_\_\_\_\_

Do you have any barriers (no reliable transportation, a need for child care, etc.) that could make it hard for you to attend the program on time every day? (Please note that, depending on the barrier, YouthBuild may be able to provide or refer you to the support you need.) Yes No Please identify any such barriers: \_\_\_\_\_

**SECTION II – EDUCATIONAL BACKGROUND INFORMATION**

Name, city and state of the last school you attended: \_\_\_\_\_

Dates you attended: \_\_\_\_\_ Highest grade you completed: \_\_\_\_\_

Have you ever received special education services? Yes No Do you have an IEP? Yes No Don't Know

Why did you drop out of high school? \_\_\_\_\_

Are you presently in a GED program? Yes No If "yes", which program? \_\_\_\_\_

Do you want to continue with school or training after finishing high school or earning your GED?

Yes No Not sure

If yes, in what type of program: (circle all that apply)

6 to 8 months training certificate 2-year college degree 4-year college degree Graduate degree Military service

**SECTION III – JOB TRAINING AND WORK EXPERIENCE**

Have you taken any vocational or construction education classes? Yes No

If "yes", please describe where & when \_\_\_\_\_

Have you taken any machine shop classes? Yes No

If "yes", please describe when and where \_\_\_\_\_

Have you been in any training program(s)? Yes No

If "yes", please describe when and where \_\_\_\_\_

Did you **complete** any training programs? Yes No

If "no", please explain \_\_\_\_\_

**SECTION IV - EMPLOYMENT HISTORY**

Have you ever been employed? Yes No

Most recent job title \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Describe your duties \_\_\_\_\_

Name of employer \_\_\_\_\_

Employer address \_\_\_\_\_

Phone number \_\_\_\_\_

Average hours worked per week? \_\_\_\_\_ Hourly wage? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact your employer as a reference? Yes No

Name of supervisor \_\_\_\_\_

**SECTION IV - EMPLOYMENT HISTORY CONTINUED**

**Previous job title** \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Describe your duties \_\_\_\_\_

Previous employer \_\_\_\_\_

Employer telephone \_\_\_\_\_

Average hours worked per week? \_\_\_\_\_ Hourly wage? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact your employer as a reference? Yes No

Name of supervisor \_\_\_\_\_

**Do you have experience or skills in any of the following?**

**Circle Yes or No**

Plumbing	Yes	No	Lift Truck	Yes	No
Electrical Wiring	Yes	No	Painting	Yes	No
Sheet Metal	Yes	No	Rough Carpentry	Yes	No
Roofing	Yes	No	Finish Carpentry	Yes	No
Dry Wall	Yes	No	Mechanical Repair	Yes	No
Power Tools	Yes	No	Housing Rehabilitation	Yes	No
Personal Computers	Yes	No	MS Word	Yes	No
Excel	Yes	No	PowerPoint	Yes	No
Web Design	Yes	No	CAD Equipment	Yes	No

How comfortable are you using computers?

Very – I can run programs, surf the Web, etc.

I don't really use computers.

A little – I can type papers and send some email.

List any other tools/machines you have operated: \_\_\_\_\_

**SECTION V – PHYSICAL INFORMATION**

**Circle Yes or No**

Do you have any physical, medical or other health problems (including allergies) that would affect your ability to do the physical activities needed to perform construction work: Yes No

If "yes", please describe: \_\_\_\_\_

Do you have health insurance or Medicaid?	Yes	No	Do you have a Medical Marijuana Card?	Yes	No
Do you have Asthma?	Yes	No	Do you have a fear of heights?	Yes	No
Do you have Diabetes?	Yes	No	Are you able to bend, stoop & stand	Yes	No
Do you have heart related issues (irregular heartbeat, etc?)	Yes	No	Do you have physical limitations/restrictions?	Yes	No
Do you smoke?	Yes	No	Do you have any lifting restrictions?	Yes	No
Have you recently had surgery?	Yes	No	Do you have allergies?	Yes	No
Are you required to wear eye glasses/contacts?	Yes	No	When was your most recent physical?	_____	

If you answered "yes" to any of the above, please describe \_\_\_\_\_

## SECTION VI- PERSONAL STATEMENT – MUST BE SUBMITTED WITH YOUR APPLICATION

YouthBuild North Shore is a program that will support and challenge you to transform your life and your future.

Essay questions – (Please use additional paper if needed)

1. How did you hear about YouthBuild?
2. Explain why you want to participate in YouthBuild.
3. What are you good at?
4. What goal (for your life, future, family, etc.) will you use to stay motivated, and give your best effort through the program successfully?
5. How will you get to YouthBuild each day?
6. Please describe your experiences working outdoors.

The YouthBuild program involves physical labor in sometimes extreme weather conditions. Are you willing and able to participate in all **construction** activities? Yes No If “No” why not?

The YouthBuild program includes a variety of **learning** activities. Do you agree to participate in all activities inside and outside of the classroom? Yes No If “No” why not?

**SECTION VII – EMERGENCY CONTACT INFORMATION**

Please list two individuals we can reach in case of emergency, and let them know you have listed them. Include cell and home phone numbers.

Name: \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name, address & phone number of someone who can always reach you:

\_\_\_\_\_

**SECTION VIII – FINANCIAL INFORMATION**

Are you receiving any financial benefits such as food assistance, subsidized housing or others? Yes No

If "yes", please list these benefits: (Attach additional sheet if you need more room to list benefits received)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IX – CERTIFICATION AND SIGNATURE**

*I certify that the information in this application is true and correct to the best of my knowledge. I also authorize the YouthBuild North Shore staff to verify this information when reviewing my eligibility for the program. I understand that I may be asked to provide documentation and agree to sign, if asked, one or more release forms to allow YouthBuild North Shore to verify the information provided in this application.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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