

**eliminating racism
empowering women**



ywca

**YOUTHBUILD
CEEED
1301 Derry Street
3rd Floor
Harrisburg PA 17104
(717) 724-4834**

Date of **Pre-screening** Application: _____

STUDENT INFORMATION

PLEASE PRINT:

Applicant's Full Name: _____ Gender: F M
First Last

Date of Birth: _____ Age: _____ Last 4 digits of SS #: XXX-XX-_____ Driver's License or ID# _____

Address: _____
Street No. Apt./Room No. City, State, Zip

Telephone Number: _____ Cell Number: _____ Email: _____

U.S. Citizen: yes no

Are you legally eligible for employment
in the United States? yes no

Primary Language:

*(write 1 for primary
language and 2 for
secondary language)*

English
 Spanish
 Arabic
 Cape Verdean
 Chinese
 Portuguese
 Russian
 Other _____

Ethnicity

*(write 1 for primary
ethnicity and 2 for
secondary ethnicity)*

Asian American/Pacific Islander
 Black/African American
 Hispanic/Latin American
 Native American
 Caucasian
 Multiracial
 Other _____

Type of Housing:

Public Housing
 House/Apartment
 Homeless
 Homeless Shelter
 Halfway House
 Group Home
 Other _____

Marital Status:

Never Married
 Married
 Divorced
 Separated
 Widowed

Annual Household Income:

None
 \$1-\$10,000
 \$10,001-\$20,000
 \$20,001-\$30,000
 \$30,001-\$40,000
 \$40,001 and above

Health Issues: yes or no If yes explain: _____

Have you ever registered for Selective Service? yes no

PERSONAL HISTORY

Highest Grade Completed

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

Do you already have your GED: yes no If yes, date received _____

Do you already have your high school diploma? yes no If yes, date received _____

Current Employment Status

- Full-time
- Part-time
- Unemployed: Looking
- Unemployed: Not Looking
- Other _____

Date most recent job ended _____

Hourly wage _____

Hours worked per week _____

Do you have medical benefits through your job? yes no don't know _____

Do you have any construction experience? yes no Type of experience? _____

Dependence

Do you live by yourself? yes no

Do you live with your parents (either mother or father or both)? yes no

Do you have dependents, how many do you have? _____ yes no

Do you live with children (brothers, sister, nieces, nephews, etc.)? yes no

Public Assistance

Do you receive public assistance? yes no

Does anyone you live with receive public assistance? yes no

Are you a foster child? yes no

Were you a foster child who aged-out of foster care? yes no

Check all that apply

SSI, SSD, SSA

TANF

Unemployment

Food Stamps

Division of AIDS Services

Other Government Sources

(specify) _____

PLEASE READ CAREFULLY BEFORE SIGNING

In considering this application, the YWCA/YouthBuild will rely heavily on the information supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and authorize the YWCA to verify. I understand that I may be subject to random or "for cause" drug and alcohol testing throughout the program. I understand that information will be released and used only as an aid to assist me in accomplishing my goals in YouthBuild.

Applicant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____