

PICKENS COUNTY COMMUNITY ACTION COMMITTEE AND COMMUNITY
DEVELOPMENT CORPORATION, INC.



Participant's Application Cover Page

Dear Perspective YouthBuild Participant:

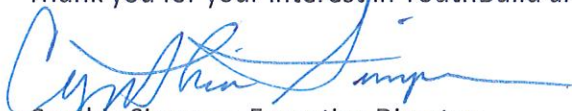
Thank you for your interest in the Pickens County YouthBuild Program. Once selected, you will enter into a world of educational and employment opportunities. YouthBuild's is a job training program that pays you while you learn and work. **Read and complete the attached application completely.** Once you have completed the application return to Pickens County Community Action Committee and Community Development Corporation, Inc. located at 71 Lakeside Street, Carrollton, Alabama. You must attach a copy of your health and eye examination, social security card, State of Alabama Driver's License or State of Alabama photo ID, birth certificate, income verification, and letter of separation from your last high school to your application. If you graduated from high school please provide a copy of your high school diploma.

You will be required to take a drug test and complete a criminal background history. This does not mean you will not be able to participate in the program. It will only help us better assist you as you prepare to become employed. Once we have received your completed application you will be scheduled for an interview. After you have been interviewed, you may receive an invitation to participate in a TWO WEEK LONG Mental Toughness Orientation where it will be determined if the fast paced YouthBuild Program is for you. After you have completed the orientation you will be notified of your acceptance into the YouthBuild Program. You **will not be paid** for the orientation, **but once accepted into the program you will begin to receive the YouthBuild stipend. Please return your application by November 1st – 30th, 2016.**

To be eligible for the YouthBuild Program you must:

1. Not younger than 16 years of age and not older than 24 years of age,
2. Be a high school dropout, or be enrolled in school but determined by the Board of Educations as at risk of dropping out,
3. Be a high school graduate with educational deficiencies,
4. Be economically disadvantage as defined by the federal poverty guidelines,
5. Be an adjudicated youth, or
6. Be a youth aging out of foster care.

Thank you for your interest in YouthBuild and Good Luck!



Cynthia Simpson, Executive Director



Pickens County Community Action Committee and Community Development Corporation, Inc.

YouthBuild Participants Application

Complete ALL Parts of Application

Application Date: _____

Office Use Only: Enrollment Date: _____ TABE Test Date: _____

Name: _____ Sex: M ☐ F ☐

Address: _____ City: _____ County: Pickens State: AL

Zip Code: _____ Age: _____ DOB: _____ SS Number: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____ Selective Service Number: _____

INCOME VERIFICATION

Marital Status: Single ☐ Married ☐ Divorced ☐ Cohabiting ☐

Number of persons in your household? _____ How many children do you have? _____

Name of persons in your household including yourself?

Name	Relationship	Age	SS#	Income

Do you have children between the ages of 3 and 5? Yes ☐ No ☐

Do you receive child support? Amount \$ _____ per _____ from AFDC ☐ other ☐

Do you pay child support? Amount \$ _____ per _____ to AFDC ☐ other ☐

Total number of persons in the household: _____ Total household income: \$ _____

Source of Income: _____

Office Use Only: Income verifying documentation attached: Yes ☐ No ☐

HEALTH AND WELLNESS

Do you have any health problems: Yes ☐ No ☐

If yes, please describe: _____

(PCCAC is a drug, alcohol and smoke free work place and all smoking must be done on breaks or during lunch and away from the campus or worksite.)

Provide a copy of your last physical examination dated within one year of application date. Copy of physical provided? Yes ☐ No ☐

DRUG, TOBACCO AND ALCOHOL USE

Do you drink alcohol? If yes, approximately how often? _____ How much: _____

Do you use drugs? If yes, what type? _____ How often? _____

Have you received counseling for drug use? Yes ☐ No ☐ If yes, please describe the situation and the treatment you have received or are engaged in related to the dependency:

Office Use Only: Date Drug Test Scheduled: _____ Date Tested: _____
Date of Results: _____

MENTAL HEALTH HISTORY:

Have you ever been diagnosed with a special need or mental health condition? Yes ☐ No ☐

If yes, please give date and diagnosis: _____

Name of Diagnosing Doctor or Mental Health provider: _____

Address _____ City: _____ State: _____

Phone: _____ Do you take medication (s) Yes ☐ No ☐

If you take medication, what medications do you take, and how often?

Name of Medication	Time taken

Have you ever been hospitalized for any medical, emotional, or mental health reasons?

Yes ☐ No ☐ Is so, when and why? _____

EDUCATION

Last school attended _____ Highest grade completed: _____

City: _____ State: _____ Last year in school: _____

Diploma? Yes ☐ No ☐ Year _____ GED Yes ☐ No ☐ Year _____

If you did not get your high school diploma or GED, why did you drop out of school or leave?

While in school, did you take any shop classes? Yes ☐ No ☐

If yes, which ones? _____

Office Use Only: TABE Test Date: _____ Average Grade Level: _____

Do you have a valid AL driver's license ? Yes ☐ No ☐ Do you own a car? Yes ☐ No ☐

Drivers license Number: _____ (Attach copy)

If you do not have a valid driver's license, you must have a State of Alabama ID.(Attach copy)

TRAINING AND WORK HISTORY

Have you ever been a participant in a job or vocational training program: Yes ☐ No ☐

Name	Location	Date	Completed	
			Yes	No

Are you currently employed? Yes ☐ No ☐ Is yes, do you work full time or part time? _____

Job description: _____

Employer: _____ Phone #: _____

Average number of hours worked per week: _____ Current hourly wage: \$ _____/hour

Supervisor's Name: _____

Have you ever held a job: Yes ☐ No ☐ If yes, please complete the chart below:

Company's Name	Employment Dates	Hourly wage	Reason for leaving

CONSTRUCTION/OCCUPATIONAL SKILL EXPERIENCE

Have you ever had any construction or occupational skills experience? Yes ☐ No ☐

Were you paid for this experience? Yes ☐ No ☐

How did you gain this experience? _____

What are your current interests or goals? _____

SELECTIVE SERVICE INFORMATION

US Military Service? Yes ☐ No ☐ If yes, what branch? _____

Date in: _____ Date Out: _____

Discharge Type: _____ Rank at Discharge: _____

CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes ☐ No ☐ If yes, please describe the crime, and include dates, jurisdiction (place, city, state) and status of the case. _____

Are you on probation? Yes ☐ No ☐ Do you have pending litigations? Yes ☐ No ☐

Name and phone number of Probation or Parole Officer: _____

Office Use Only: ABI/FBI Criminal Background Check Date Requested: _____




Date Received: _____

CREDIT HISTORY

Do you have a Bank Account: Yes ☐ No ☐

Do you have credit cards? Yes ☐ No ☐ If yes, how many? _____

If you are accepted as a participant in this program, you will be expected to work hard to obtain your GED or High School Diploma and spend no less than 8 hour per day- Monday – Thursday as follows:

-  50% of your time in an instructional setting with an emphasis placed on reading, writing, math, skills training and/or GED preparation.
-  40% of your time in jobsite construction and training, and
-  10% of your time in Community Service and leadership development.

You will also be expected to be at the class site or worksite on time each day. Do will be required to participate in all program activities. Do you accept such a schedule? Yes ☐ No ☐

EMERGENCY CONTACT INFORMATION:

Please provide the name and contact information for persons during emergency situations.

Name	Address	Telephone and Cell Number

APPROVAL SIGNATURES

Participant's Signature: _____ Date: _____ Age _____

If under 19, parent/guardian's name: _____

Approval: Parent/guardian's Signature: _____ Date: _____

Office Use Only

Employee Reviewing Application	Review Date	Strong Interest Inventory (SIJ),	Average Grade Level	Compensation Level
Mental Toughness Date	Enrollment Date	Cohort Assignment	Occupational Skill Placement	Completion Date

Enrollment Approval

Director

Date

Executive Director

Date

Attachment

Verifying document	Yes	No
Copy of the Social Security Card		
Valid Alabama Driver's License or State of AL Photo ID		
Copy of the Birth Certificate		
Copy of the School Withdrawal or Separation papers		
Copy of a physical with eye examination dated with one year of the application date		
If under the age of 19, the parent or legal guardian must certify approval		
Income Verification		

Comments: _____
