DMACC YouthBuild Application

**(A program for Women and Men in Partnership with**

**the United States Department of Labor, DMACC, Habitat for Humanity and many others)**

**Please complete entire application in blue or black ink and supply all required documentation in order to receive full consideration for interview and admission.**

**Date:**

**Name: Gender: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail address:**

**Home Address: City: ST: Zip: -**

**County: Telephone (H) ( ) - Cell Phone ( ) -**

**Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ (you must be ages 18 to 24 and provide a document to prove your age)**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone: ( )**

Required Documentation: \_\_\_Driver’s License or State Identification Card or Passport

(Check all included with \_\_\_Proof of Selective Service Registration (Males)

With your application.) \_\_\_High School Diploma (If graduated for High School)

\_\_\_**High School Transcripts (need to turn in before application is considered)**

High School diploma? \_\_\_Individual Education Plan (High School if applicable)

Yes\_\_\_ No\_\_\_ \_\_\_Proof of Income or Employment White Sheet (Iowa Workforce Development)

\_\_\_Foster Care Documentation (If applicable)

**I. Personal and Family Information**

Ethnicity (Check one): \_\_\_American Indian/Alaskan Native

\_\_\_Asian

\_\_\_Pacific Islander

\_\_\_Black/African American

\_\_\_Hispanic/Latino

\_\_\_White

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status (check one) \_\_\_Single

\_\_\_Girlfriend/Boyfriend

\_\_\_Married

\_\_\_Divorced

\_\_\_Widowed

Head of your household? \_\_\_No \_\_\_Yes

Do you have children? \_\_\_No \_\_\_Yes

If yes, do they living with you? \_\_\_No \_\_\_Yes

Have you ever been in foster care? \_\_\_No \_\_\_Yes

Are you disabled (Including Learning Disabled?) \_\_\_No \_\_\_Yes If yes, please explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving Mental Health treatment? \_\_\_No \_\_\_Yes

Are you a client of any of the following agency programs? (*Please check all that apply and include caseworker’s name*)

\_\_\_PROMISE JOBS \_\_\_VA \_\_\_DHS \_\_\_Workforce Dev. \_\_\_Dept. of Corrections \_\_\_House of Mercy \_\_\_Other

Caseworker Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program

Caseworker Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program

Is there anything that may prevent you from attending classes on a regular basis? \_\_\_NO \_\_\_YES. If yes, please

explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Employment and Other Income Information**

Do you currently have a job? \_\_\_ No \_\_\_ Yes (having a job is positive) If yes, please complete the following:

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weekly-Schedule (days times)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (City/State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of work/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any construction experience? \_\_\_No \_\_\_Yes If yes, can you provide a letter or phone number of reference(s) who can speak to your experience and suitability to a construction training program? No\_\_\_ Yes \_\_\_

Reference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Letter attached \_\_\_No \_\_\_Yes

Reference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_ Letter attached \_\_\_No \_\_\_Yes

Supplemental Income: (Check All that apply)

*\_\_\_*Family Investment Program (FIP) \_\_\_Supplemental Security Income (SSI)

\_\_\_Social Security \_\_\_Disability \_\_\_Other (describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Criminal Background**

**Please note: Former criminal behavior, including a felony conviction, does not exclude you from consideration for acceptance into the program. However, not sharing former or current involvement in criminal justice system may disqualify you as an applicant**.

Have you ever been convicted of a crime? *(Check one)* \_\_\_No \_\_\_Yes If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved in a criminal case? \_\_\_No \_\_\_Yes If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on Probation? \_\_\_No \_\_\_Yes If yes, who is your probation officer? Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an incarcerated parent? \_\_\_No \_\_\_Yes

**IV. REFERRAL INFORMATION**

How did you hear about this program? *(Please check all that apply)*

\_\_\_ DMACC \_\_\_ Workforce Development \_\_\_ Friend \_\_\_Bus \_\_\_Word of mouth \_\_\_ DHS

\_\_\_Letter or notice \_\_\_Parole Officer \_\_\_Internet \_\_\_Facebook \_\_\_Community Agency

\_\_\_Previous Participant Referral? Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify** that the information provided on the application is true to the best of my knowledge and understand that it will be used to determine my eligibility. **I understand that I must provide all necessary documentation including proof of barriers and registration for selective service.** I am aware that the information may be reviewed and verified and that additional documentation may be requested. I allow the release of this information for documentation purposes. I am aware that I am subject to immediate termination and that I may be prosecuted for fraud and/or perjury if I falsify any information on this application. I also understand that turning in this application does not guarantee acceptance into the program.

**By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee/ Applicant Signature

Return your completed application to: DMACC Community & Workforce Partnerships, YouthBuild attention Cliff Kessler, 801 University Ave, Des Moines, Iowa 50314 Phone: 515-697-7700 FAX: 697-7707

**Contact Information: we need to have the ability to contact people in case of emergency.**

**(Please list two (2) relatives or friends who are likely to know how to contact you in the future):**

#### (1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### (2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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