



**APPLICATION**

<b>NAME:</b> _____			
<b>DATE OF BIRTH:</b> _____	<b>AGE:</b> _____	<b>SEX:</b> <input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	
<b>SOCIAL SECURITY #:</b> _ _ _ - _ _ - _ _ _			
<b>ADDRESS:</b> _____		<b>APT:</b> _____	
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP CODE:</b> _____	
<b>PRIMARY CONTACT INFORMATION</b>			
<b>HOME PHONE #:</b> ( _ _ _ ) _ _ - _ _ _  <b>CELL PHONE #:</b> ( _ _ _ ) _ _ - _ _ _  <b>EMAIL:</b> _____		<b>***PLEASE REMEMBER TO NOTIFY YOUTHBUILD IF YOUR ADDRESS OR PHONE NUMBER CHANGES DURING THE APPLICATION PROCESS SO WE CAN UPDATE OUR DATABASE!!!</b>	
<b>Do you have the following social media accounts? (It is recommended that you become "friends" with WNY YouthBuild on Facebook to receive important updates!)</b>  <b>Facebook: Name:</b> _____  <b>Twitter: @:</b> _____		<b>How did you hear about WNY YouthBuild?</b> <input type="checkbox"/> <b>Newspaper</b> <input type="checkbox"/> <b>Family Member</b> <input type="checkbox"/> <b>Radio</b> <input type="checkbox"/> <b>Friend</b> <input type="checkbox"/> <b>Flyer</b> <input type="checkbox"/> <b>Former YB student</b> <b>Other:</b> _____	
<b>Ethnicity: (check all that apply)</b> <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Other: _____	<b>Are you a US citizen?</b>  <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>Do you have a NYS Driver's License?</b>  <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>Do you have NYS Identification?</b>  <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>



**EMERGENCY CONTACT INFORMATION:****CONTACT NAME:****RELATIONSHIP TO YOU:****PHONE NUMBER:****SECONDARY PHONE NUMBER:****EDUCATION INFORMATION**

Do you have a high school diploma? YES NO  
 Do you have a NYS HSE diploma? YES NO  
 Are you a high school dropout? YES NO  
 Do you speak English fluently? YES NO  
 If you did not complete high school, why did you drop out?  
 \_\_\_\_\_

**What is the highest grade you completed?**

- Less than 9<sup>th</sup> grade  
 9<sup>th</sup> grade  
 10<sup>th</sup> grade  
 11<sup>th</sup> grade  
 12<sup>th</sup> grade

**Which of these statements is accurate? (Check one and initial)**I am currently attending high school  Initial: \_\_\_\_\_I am not currently attending any high school  Initial: \_\_\_\_\_**What is the most recent school you attended?**  
\_\_\_\_\_**ADDITIONAL ELIGIBILITY INFORMATION****Current Living Status:**

- Living with family     Living in a shelter  
 Living alone         Living in halfway house  
 Living with friends    Homeless

Do you have children? YES NO  
 If yes, how many? \_\_\_\_\_  
 If yes, do they live with you? YES NO

Are you a foster child? YES NO

Have you aged out of foster care? YES NO

**CRIMINAL JUSTICE HISTORY***Please answer the following questions honestly.*

Have you ever been arrested? YES NO  
 Do you currently have a case pending? YES NO  
 Have you ever been convicted of a misdemeanor? YES NO  
 Have you ever been convicted of a felony? YES NO  
 Have you ever been in a juvenile detention center? YES NO  
 Have you ever been in an adult correctional facility? YES NO  
 Have you ever been on probation? YES NO  
 Are you currently on probation? YES NO  
 Have you ever been on parole? YES NO

**DISABILITY INFORMATION****Have you ever been diagnosed with a disability?**

YES  \_\_\_\_\_  
 NO

**SUBSTANCE ABUSE HISTORY***Please answer the following questions honestly.***Are you routinely using any of these substances?**

Alcohol YES NO  
 Marijuana YES NO  
 Cocaine YES NO  
 Heroin YES NO  
 Other illegal substances YES NO

Do you have a history of alcohol abuse? YES NO

Have you ever had substance abuse treatment? YES NO

**PREVIOUS WORK INFORMATION**

Have you ever had a job before?      YES   NO   If yes, where did you work? \_\_\_\_\_  
Are you currently working?            YES   NO   If yes, where? \_\_\_\_\_  
Have you worked in the past 6 months?    YES   NO  
Do you have any construction experience? YES   NO   If yes, what? \_\_\_\_\_  
Have you ever been in another training program? YES NO If yes, what? \_\_\_\_\_

**INCOME VERIFICATION INFORMATION**

Check all program(s) that ANYONE in your household receives benefits for:

MEDICAID	CASH ASSISTANCE	FOOD STAMPS	HEAP	SSI	SCHOOL LUNCH	PUBLIC HOUSING/ SECTION 8	OTHER PUBLIC ASSISTANCE

List any income received by all members of your household (not including anyone under 18):

Received (Check one)

Name	Relationship to applicant	Income Source (wages, soc sec., etc)	Amount	Yearly	Monthly	Weekly

**REFERENCES**

You must provide TWO references of individuals who are NOT related to you (we will be contacting these individuals to provide a reference on your behalf):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

