

YouthBuild Eligibility Application

Please complete the following form to the best of your abilities.

PART I: APPLICANT INFORMATION									
Applicant Name:							Application Date:		
First		MI							
Birth Date:		Social Security Number			Gender:				
					☐ Male ☐ Female ☐ Do Not Wish to Answer				
Race:					Are you of Hispanic or Latino Origin?				
☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ White ☐ Hawaiian/Pacific Islander ☐ I do not wish to answer					☐ Yes ☐ No ☐ I do not wish to answer				
					What is your primary language if NOT English:				
Primary Phone		Phone Type:			Email:			Contact Preference:	
		☐ Mobile ☐ Work ☐ Home ☐ Other						☐ Phone ☐ Email	
Residential Address:			City:		State:	Zip Code:		County of Residence:	
Mailing Address ☐ Check here to use residential address			City		State:	Zip Code:		County	
Alternate Contact:					Relationship		Phone Number		
Are you legally authorized to work in the United States? ☐ Yes ☐ No									
Are you a United States Citizen? ☐ Citizen of US or US Territory ☐ U.S Permanent Resident ☐ Alien/Refugee Lawfully Admitted to the US ☐ None of the Above If Alien/Refugee Alien Card #: _____ Exp. Date: _____									
What is your current employment status? ☐ Working Fulltime ☐ Working Part-time ☐ Not Working ☐ Never Worked									
Have you registered for the Selective Service (www.sss.gov)? (Males born on or after 1/1/1960, ONLY) ☐ Yes ☐ No ☐ NA ☐ Documented Exemption									
Do you have a disability? ☐ Yes ☐ No If Yes, do you need additional support? ☐ Yes ☐ No									
Are you currently in the military, a veteran or a spouse of a member of the armed forces who is on active duty or a veteran? ☐ Yes ☐ No									
Have you previously enrolled in WIOA funded training? ☐ Yes ☐ No If YES, please complete the following:									
Name of School attended:			Name of Training Program:			Completion Date:			
Did you complete the training? If no, why not: ☐ Yes ☐ No									
Did you find a job after you completed the training? ☐ Yes ☐ No If YES, was the job related to the training you received?									
Name of Employer:		Position:			Dates of Employment: (mm/dd/yy)				
					From		To		
What are your future employment goals?									

PART II: ELIGIBILITY

DISLOCATED WORKER Category

Have you received **notice of termination** or **layoff** from your last job or received documentation that you are **separating from the military**? ☐ Yes ☐ No

If YES, please provide the date of termination or separation (mm/dd/yy) _____

If YES, please provide the information of your previous employer

Employer Name		Employer County	
Address	City	State	Zip Code

Are you currently receiving unemployment benefits? ☐ Yes ☐ No

ADULT Category

In the past **six months**, have you or anyone in your family received the following **public assistance**:

Temporary Assistance for Needy Families (TANF) ☐ Yes ☐ No

Supplemental Nutrition Assistance Program (SNAP) ☐ Yes ☐ No

Supplemental Security Disability Income (SSDI) ☐ Yes ☐ No

Supplemental Security Income (SSI) ☐ Yes ☐ No

Any other forms of public support? ☐ Yes ☐ No

Explain: _____

PART III: FAMILY COMPOSITION OF INCOME

Family Composition: List each family member (spouse and dependents) living in the home

Names of Family Members Including Applicant	Relationship	Age	Social Security # (over 14 years of age)	Total Gross Income (Six Months Prior to Application)
	APPLICANT/SELF			
List other sources of financial support and amounts received: EXAMPLES: child support, unemployment, Social Security		1		
		2		
		3		
Total # in Household:			Total Household Income	

NOTE: Falsification of data on this form is a crime against Federal and State laws and is punishable by a fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in training.

PART IV: EDUCATION HISTORY

Please complete the following form to the best of your abilities

Are you currently in school? ☐ YES ☐ NO	
If YES, Name of School: _____	Program: _____ Estimated Completion Date: _____
Highest School Grade Completed: ☐ None ☐ Grade School ☐ Middle School ☐ 10th ☐ 11th ☐ 12th	
High school diploma or equivalent received (GED) ☐ YES ☐ NO	
Highest Qualification Level Completed: <i>Do NOT complete for education levels of less than high school or high school equivalency diploma</i>	☐ Certificate of Attendance/Completion (Disabled Individuals) ☐ High School Equivalency Diploma ☐ High School Diploma ☐ 1 Year at College or a Technical or Vocational School ☐ 2 Years at College or Technical or Vocational School ☐ 3 Years at a College or Technical or Vocational School ☐ Vocational School Certificate ☐ Associates Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree ☐ Specialized Degree
Course of Study	Issuing Institution

Do you possess any certifications or licenses? ☐ YES ☐ NO							
If YES, list below:							
1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Certificate/License</td> <td>Issuing Organization</td> </tr> <tr> <td>Completion Date:</td> <td>State</td> <td>Country:</td> </tr> </table>	Certificate/License		Issuing Organization	Completion Date:	State	Country:
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PART V: WORK EXPERIENCE

Please list your work experience for the past 3 jobs your most recent job held.

Name of Employer:		Occupation Title:		Type: ☐ Full Time ☐ Part-Time	
Employment Dates: (mm/dd/yy) From _____ To _____	Wage/Salary \$ _____	City _____	County _____	State _____	
Reason for leaving job (be specific): _____ _____					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____ _____ _____ _____ _____					

PART VI. YOUTH ELIGIBILITY

ELIGIBILITY INFORMATION

Are you a Cobb County resident?	☐ YES	☐ No
Do you have a disability or an Individual Education Plan (IEP)	☐ YES	☐ No
Does anyone in your household receive any of the following: ☐ SS Benefits ☐ Food Stamps ☐ TANF ☐ Free/Reduced Lunch ☐ Pell Grant		
Are you between the ages of 16-24? Please answer the following questions:		
Are you behind one or more grade levels in school? (if applicable)	☐ YES	☐ No
Do you have a misdemeanor or felony conviction?	☐ YES	☐ No
Do you have a High School Diploma or GED?	☐ YES	☐ No
Are you a runaway youth and/or homeless?	☐ YES	☐ No
Are you pregnant or parenting a child?	☐ YES	☐ No
Are you currently in <u>or</u> have ever been in foster care?	☐ YES	☐ No
Do you need assistance in completing an educational program or securing and retaining a job?	☐ YES	☐ No

OFFICE USE ONLY

High Poverty Census Track: _____	% Below Poverty Level: _____
Staff Signature _____	Date _____

APPLICANT ATTESTATION:

The information I have provided on pages 1-4 of this application are true. I understand that any false or misrepresented information may adversely affect my eligibility for services or disqualify me from receiving assistance.

Applicant Signature

Date

Applicant Printed Name