

Applicant's name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Residence Address: \_\_\_\_\_

Living with: \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home # \_\_\_\_\_ Alternative # \_\_\_\_\_ Cell# \_\_\_\_\_

Living with: \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Applicant's email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

### EDUCATION:

What is the last school you attended \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Last year in school: \_\_\_\_\_

Do you have an IEP or 504? \_\_\_\_ Yes \_\_\_\_ No

If you did not complete high school or get your GED, why did you drop out?

\_\_\_\_\_

\_\_\_\_\_

Do you want to obtain your HSE \_\_\_\_ Yes \_\_\_\_ No

Do you want to obtain an Adult Diploma: \_\_\_\_ Yes \_\_\_\_ No

Do you want to attend college \_\_\_\_ Yes \_\_\_\_ No If so are you the first generation in your family to attend college? \_\_\_\_ Yes \_\_\_\_ No

Once you have completed the program would you be interested in attending an Apprenticeship program: \_\_\_\_ Yes \_\_\_\_ No

### STUDENT PERSONAL PROFILE

Are you in or have been in Foster Care? \_\_\_\_ Yes \_\_\_\_ No If so please indicate the name of your social worker \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, please indicate crime, dates and status of case \_\_\_\_\_

Do you have a probation/parole officer? \_\_\_\_ Yes \_\_\_\_ No If so please indicate the name of your probation/parole officer \_\_\_\_\_

Have you ever served in the U.S. Military? \_\_\_\_ Yes \_\_\_\_ No If so please indicate the branch, rank and discharge date. \_\_\_\_\_

Do you have any physical, medical, or health problems? \_\_\_\_ Yes \_\_\_\_ No if so please describe:

\_\_\_\_\_

\_\_\_\_\_

Do you have a driver's License? \_\_\_\_ Yes \_\_\_\_ No

Do you own a car? \_\_\_\_ Yes \_\_\_\_ No

How do you plan on getting to and from the program?

\_\_\_\_\_

\_\_\_\_\_

**CONSTRUCTION EXPERIENCE:**

Have you had construction experience? \_\_\_\_ Yes \_\_\_\_ No

If so please describe this experience.

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What are you interested in doing for a career?

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**Employment:**

Have you ever held a job before? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe the last two jobs you had:

A. Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Duties Included:

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Reason for Leaving:

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B. Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Duties Included:

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Reason for Leaving:

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**Please list up to two references (employers, teachers, etc.) who may know your abilities.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARENT PERSONAL PROFILE:**

Are you currently experiencing financial difficulties? Y / N *If YES what:* \_\_\_\_\_

Would you be interested in accessing our food bank? Y / N *If YES, begin Food Voucher process with them*

Do you want to learn how to access your child's Infinite Campus account? ☐ Y / N *If Yes, refer them to whoever can assist them*

Are you interested in parenting classes through The Children's Cabinet? ☐ Y / N *If Yes, refer them to the CC website*

Note Taken by (first, last/title): \_\_\_\_\_

**Barriers** (beginning of *Individual Development Plan*): What are the issues your family is dealing with:

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*The Children's Cabinet received funding in the amount of \$1,100,000 or 75% to administer a grant for the YouthBuild Initiative from the U.S. Department of Labor – Employment and Training Administration. The Children's Cabinet is an equal opportunity employer. Auxiliary aids and services are available to individuals with disabilities upon request.*

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### APPLICANT'S ACKNOWLEDGEMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on the application as may be necessary for reaching an employment decision. In connection with this application and in the future, as deemed appropriate, I authorize the Children's Cabinet, Inc. and/or agents to investigate all statements in this application and attachments to it, to interview individuals including, but not limited to; present and past employers, to review my driving record, criminal convictions, education, residence and character, etc. unless such information is restricted by law. I understand that only that information which is pertinent to the position for which I have applied and, if hired for my continued employment at The Children's Cabinet, Inc. will be considered. I authorize this document to serve as my authorization to any persons, companies, government agencies, educational institutions and any other entities to release them and The children's Cabinet, Inc from and liability. In the event, I am hired by The Children's Cabinet, Inc. I understand that employment is "at will" and that my employment may end with or without cause, and with or without notice at any time, at my, or the Cabinet's option. I understand that any job offer is contingent upon successful completion of a background check and my application will immediately be rejected or, if employed, I will be immediately discharged for providing false information in the application or omitting material information requested. I further understand and agree to submit to pre-employment fingerprinting if requested by the Cabinet. I understand and agree that any dispute, controversy or claim arising out of or relating to my application for employment, (employment or termination of employment) with the Children's Cabinet, Inc. shall be resolved by binding arbitration, pursuant to the rules and procedures of the American Arbitration Association and conducted in a private manner in Washoe County, Nevada. All expenses of arbitration shall be borne equally by the parties, and all legal fees shall be borne by the party incurring said fees. I certify that I have reviewed and understand the above statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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