

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)**
_____ Individual Education Plan (High School if applicable)
High School diploma? _____ Proof of Income or Employment White Sheet (Iowa Workforce Development)
Yes _____ No _____ _____ 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: _____