



# Application

Please PRINT CLEARLY and fill out COMPLETELY

Use black or blue pen

Date of application (MM/DD/YY): \_\_\_ / \_\_\_ / \_\_\_

Desired entry date:  Fall  Spring of Year \_\_\_\_\_

## Personal information

First name \_\_\_\_\_ Middle name \_\_\_\_\_  
 Last name \_\_\_\_\_ Maiden/Former name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone/Pager (\_\_\_\_) \_\_\_\_\_  
 Work phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Date of birth (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_ Gender: E M Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Circle one)  
 If you wish to be identified as a member of any of the following groups, please check one  
 Asian or Pacific Islander  Native American  Black, non-Hispanic  
 White, non-Hispanic  Hispanic  Other, what? \_\_\_\_\_  
 Which language(s) do you speak? \_\_\_\_\_

Are you **legally permitted to work in the U.S.**?  Yes  No  
 If you are a U.S. permanent resident, please enclose photocopies of your alien registration card (both sides)  
 If your current permission to work in the U.S. will expire, please indicate when. \_\_\_\_\_  
 Please describe any conditions that would cause your right to work in the U.S. to be revoked. \_\_\_\_\_  
 \_\_\_\_\_

## Documentation of identification and legal right to work Please enclose photocopies of the following:

### ONE of these documents

- U.S. passport
- Certificate of U.S. citizenship
- Certificate of naturalization
- Permanent resident card or alien registration receipt card

OR

### ONE official picture ID:

- Driver's license  State ID
- U.S. military card  Non-U.S. passport

### AND ONE of these documents

- U.S. Social Security card
- U.S. birth certificate
- U.S. citizen card
- Certification of birth abroad issued by the U.S. Dept of State
- ID card for use of resident citizen
- Unexpired employment authorization card

**Education**  
**High School/GED**

Have you received or will you receive any of the following diplomas?  
 High school diploma       GED certificate

What is the name of your high school or your GED program? \_\_\_\_\_

What is your actual or expected graduation date? (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

**Undergraduate Study (If any, official transcripts required)** *(If you have attended more colleges, please ask a staff person for another Undergraduate Study sheet)*

Have you ever taken college classes?     Yes     No

If yes, for each college attended, state name of college, type of program or your concentration, degree received, dates attended, and number of credits earned, if applicable:

**College / Institution 1:** \_\_\_\_\_ **Program / Concentration:** \_\_\_\_\_

Type of degree:     Associate's     Bachelor's     Master's     PhD

When did you attend? Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Degree earned:     Associate's     Bachelor's     Master's     None      Number of credits earned: \_\_\_\_\_

**College / Institution 2:** \_\_\_\_\_ **Program / Concentration:** \_\_\_\_\_

Type of degree:     Associate's     Bachelor's     Master's     PhD

When did you attend? Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Degree earned:     Associate's     Bachelor's     Master's     None      Number of credits earned: \_\_\_\_\_

**Training / Certifications** *(If you have attended more programs, please ask a staff person for another Training section sheet)*

Have you ever attended any technical, vocational, or job training programs?     Yes     No

If yes, for each program attended, answer the following:

**Name of Institution / Organization 1:** \_\_\_\_\_ **Program name:** \_\_\_\_\_

Type of program:  Certificate program       Education/Training program not resulting in certificate or degree

How long was the program (in Months)? \_\_\_\_\_ Did you complete the program?     Yes     No

When did you attend? Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Did you earn a certificate?       Yes     No    If yes, what type of certificate did you earn? \_\_\_\_\_

Did the program teach a job skill?     Yes     No    If yes, what type of job skill did you learn? \_\_\_\_\_

**Name of Institution / Organization 1:** \_\_\_\_\_ **Program name:** \_\_\_\_\_

Type of program:  Certificate program       Education/Training program not resulting in certificate or degree

How long was the program (in Months)? \_\_\_\_\_ Did you complete the program?     Yes     No

When did you attend? Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Did you earn a certificate?       Yes     No    If yes, what type of certificate did you earn? \_\_\_\_\_

Did the program teach a job skill?     Yes     No    If yes, what type of job skill did you learn? \_\_\_\_\_

## Employment History

Please answer the following questions about the longest paid job you have ever had. This includes full-time or part-time regular jobs, odd jobs such as painting, repair work, babysitting, or hairdressing, temporary jobs or any other jobs at which you worked at least 10 hours during any single month.

### Longest Job

What is the name of the organization or the person for whom you worked? \_\_\_\_\_

What kind of work did you do at this job? \_\_\_\_\_

How long did you work at this job? *Please circle appropriate duration* \_\_\_\_\_ days / weeks / months / years

What was your ... Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_ End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Number of hours usually worked per week \_\_\_\_\_ Number of weeks usually worked per month \_\_\_\_\_

Hourly wage (before taxes) when you first **started** working at this job \$ \_\_\_\_\_

Current Hourly wage (before taxes) or wage when you **stopped** working at this job \$ \_\_\_\_\_

Was medical insurance offered?  Yes  No

Are you currently working at this job?  Yes  No

The following sections are about paid work you have done during the past 12 months including any jobs you have now. Please answer the questions for each job you had during the past 12 months. Please include all full-time or part-time regular jobs, odd jobs such as painting, repair work, babysitting, or hairdressing, temporary jobs or any other jobs at which you worked at least 10 hours during any single month.

**Note:** If one of the jobs you had during the past 12 months was the longest job you ever had that you described above, you do **NOT** need to answer these questions for that job again. Only answer the questions for the other jobs you had during the past 12 months that were **NOT** the longest job.

### Most recent job during the past 12 months

What is the name of the organization or the person for whom you worked? \_\_\_\_\_

What kind of work did you do at this job? \_\_\_\_\_

How long did you work at this job? *Please circle appropriate duration* \_\_\_\_\_ days / weeks / months / years

What was your ... Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_ End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Number of hours usually worked per week \_\_\_\_\_ Number of weeks usually worked per month \_\_\_\_\_

Hourly wage (before taxes) when you first **started** working at this job \$ \_\_\_\_\_

Current Hourly wage (before taxes) or wage when you **stopped** working at this job \$ \_\_\_\_\_

Was medical insurance offered?  Yes  No

Are you currently working at this job?  Yes  No

**Second most recent job during the past 12 months**

What is the name of the organization or the person for whom you worked? \_\_\_\_\_

What kind of work did you do at this job? \_\_\_\_\_

How long did you work at this job? *Please circle appropriate duration* \_\_\_\_\_ days / weeks / months / years

What was your ... Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Number of hours usually worked per week \_\_\_\_\_      Number of weeks usually worked per month \_\_\_\_\_

Hourly wage (before taxes) when you first **started** working at this job \$ \_\_\_\_\_

Current Hourly wage (before taxes) or wage when you **stopped** working at this job    \$ \_\_\_\_\_

Was medical insurance offered?  Yes  No

Are you currently working at this job?  Yes  No

**Third most recent job during the past 12 months**

What is the name of the organization or the person for whom you worked? \_\_\_\_\_

What kind of work did you do at this job? \_\_\_\_\_

How long did you work at this job? *Please circle appropriate duration* \_\_\_\_\_ days / weeks / months / years

What was your ... Start Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_      End Date: (MM/DD/YY) \_\_\_ / \_\_\_ / \_\_\_

Number of hours usually worked per week \_\_\_\_\_      Number of weeks usually worked per month \_\_\_\_\_

Hourly wage (before taxes) when you first **started** working at this job \$ \_\_\_\_\_

Current Hourly wage (before taxes) or wage when you **stopped** working at this job    \$ \_\_\_\_\_

Was medical insurance offered?  Yes  No

Are you currently working at this job?  Yes  No

**If you had another job during the past 12 months, please ask a staff person for another Employment History sheet**

## **Personal and household information for Year Up**

How many people live in your household? \_\_\_\_\_

Are you the head of your household?  Yes  No

Not counting yourself, how many adults ages 18 or older live with you? \_\_\_\_\_

Do any of the adults ages 18 or older who live with you have a physical or mental health problem that keeps them from doing regular activities like walking or getting dressed?

Yes  No If yes, are you responsible for this person's care?  Yes  No

Do you have a physical, mental, or other health condition that we need to know about in order to accommodate you?

Yes  No

*Year Up does not discriminate on the basis of disability. If you have an Individual Education Program (IEP), Year Up will work with you to implement it at Year Up to the extent it is reasonable to do so.*

What type of health insurance do you have for yourself?

None  Medicaid  Private/other insurance, what? \_\_\_\_\_

Do you have any children?  Yes  No *If yes, please answer the following questions. If no, please continue to the next section*

How many children do you have? \_\_\_\_\_

How many of your children live with you? \_\_\_\_\_

If your children live with you, what full-time day-care options do you have available for them? *(Please check all that apply)*

- Child enrolled in a day care center  Child enrolled in head start  
 Relative or non-relative cares for child in my home  Child enrolled in a before and after school care program  
 Relative or non-relative cares for child in her/his home  
 Other: \_\_\_\_\_  
 None or not sure

Do you have a child support order issued by the court or child support agency that requires you to pay child support for any of your children?  Yes  No

What type of health insurance do you have for your children?

- Children don't live with me  None  
 Medicaid  Child or Family Health Plus Insurance  
 Private/other insurance, what? \_\_\_\_\_

What is your current living situation? *(Please check only one answer)*

- Own my own house  Rent a house or apartment  
 Live with someone else and pay rent  Live with someone else and do not pay rent  
 Live in a shelter, halfway house or other group housing  Currently homeless

Do you live in:  Public Housing  Subsidized Housing  Section 8

Do you currently live with:  Parent/Legal guardian  Alone  Other: \_\_\_\_\_

How many times have you moved during the past two years? \_\_\_\_\_

How long does it take you to walk to the nearest bus or train stop from where you live? \_\_\_\_\_

Do you have a valid driver's license? *Valid means NOT suspended or expired*

Yes  No

Do you have a vehicle that you can use every day?  Yes  No

**Personal and household information for Year Up, continued**

Are you currently receiving government assistance?  Yes  No *If yes, please specify below:*

WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Net	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income, Aid to the Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran's benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Are you currently receiving any of the following forms of assistance?

Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income or other support from family or spouse/partner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____			

What is your personal annual income? \_\_\_\_\_

What is your household income? \_\_\_\_\_

**Conviction and rehabilitation record** *(Conviction of a crime (which includes a guilty plea to a criminal charge) will not necessarily disqualify you from admission to the program. Year Up will consider several factors, including the degree to which the conviction relates to the program's duties and responsibilities, the time elapsed since the conviction, the gravity of the offense, and evidence demonstrating rehabilitation)*

Have you ever been convicted of any felony?  
 Yes  No If yes, describe conditions: \_\_\_\_\_

Have you been convicted of any felony in the past five years?  
 Yes  No If yes, describe conditions: \_\_\_\_\_

Have you been convicted of any misdemeanor in the past five years (other than a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace)?  
 Yes  No If yes, describe conditions: \_\_\_\_\_

Have you been convicted of any other offense in the past five years?  
 Yes  No If yes, describe conditions: \_\_\_\_\_

**Further information (optional)**

You may attach a separate resume with any additional information that might help us evaluate your qualifications (e.g., special projects or recognition, description of schooling – especially if interrupted).

## Contact Information

Complete the following contact information for four relatives, friends, or other people you know who **do not** live with you and who are likely to know where to find you two years from now. Please list people at **different** addresses.

### Contact #1

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Whose name is phone listed under? \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

### Contact #2

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Whose name is phone listed under? \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

### Contact #3

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Whose name is phone listed under? \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

### Contact #4

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Whose name is phone listed under? \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Personal statement / Essay question (REQUIRED; Attach to application)**

**Please respond to the essay question below on separate paper. Your response must be at least two typewritten, double-spaced pages, 12 pt., in paragraph form. \* TIP: See the essay ideas sheet attached at the end of this application**

**Essay Question:** *Why do you want to join Year Up and why do you believe you are a good candidate for Year Up? Briefly describe your experience and learning, including learning outside the classroom, such as employment, family, military, volunteer work, and participation in community organizations Explain your reasons for further study, and personal and career goals. Your answer will be evaluated for content, grammar, spelling, and your ability to communicate and express your thoughts clearly and concisely.*

**Parent or guardian** *For applicants under the age of 18, your parent or guardian must fill out the following:*

Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ Apt. #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have reviewed this application and I authorize my son/daughter/legal ward to apply to Year Up.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Read carefully and sign**

**Equal Opportunity** All applicants will be given equal consideration. No question on this form will be used to screen out or discriminate against any candidate. Year Up does not discriminate on the basis of race, color, national origin, sex, age (except as necessary for the normal operation of the program or to meet a statutory objective), gender including gender identity, disability, sexual orientation, religion, marital status, veteran status, or any other characteristic protected by law.

**I certify** that I have read and understand the information in this application booklet and that the information I have supplied is true and complete to the best of my knowledge. Students found to have supplied false information will be denied admission or, if admitted, face immediate disenrollment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_.

**DISCLAIMER**

Occasionally photos and videos are taken of classes and other activities to show others what they are like. I hereby give Year Up permission to use such images of myself in activities for public relations, marketing, and other purposes.

Signature \_\_\_\_\_