



Georgia Black Constructors Association

Preparation
Today for a
Better Future Tomorrow

Program Application

Date:		Social Security Number:		Date of Birth:	
Name (First, Middle, Last):			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address:		Mailing Address:		Primary Phone:	
City, State, Zip Code:		City, State, Zip Code:		Secondary Phone:	
County of Residence:		Selective Services: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated	
Emergency Contact (Name/Relationship):		Address:		Phone:	
Race: <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Caucasian(White) <input type="checkbox"/> Other: _____					
United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No: INS Alien Documentation Number Expiration Date:		If No, is Applicant eligible for Work in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Number: _____	
Is English the applicant's First Language? <input type="checkbox"/> Yes <input type="checkbox"/> No If No List: _____		Place of Birth: _____		If Native American Tribe: _____ Does the Applicant have a CBIB Card?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individuals with a Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		Information Regarding Disability:		Does the Application have a current Department of Rehabilitation Services Case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant need support employment services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Applicant Require any Adaptive Equipment to assist with Employment or Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain:	
Felony Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain		Misdemeanor Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No		Id/Driver's License: State Issued: _____ #: _____ Expiration Date: _____	
Number of People in Household:		Is the Applicant a Parent?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the Applicant a Single Parent?: <input type="checkbox"/> Yes <input type="checkbox"/> No Is Applicant Pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Applicant Dependents?:					

Custody Status of Applicant

Bio-Parents	Grandparent/Grandparents	Emancipation Minor
Bio-Mother	DHS Custody/Foster Care	Protective Services
Bio-Father	Juvenile Protection Services	The Child of a current or formerly incarcerated parent
Legal adult (18 and Up)	Legal Guardian other than Bio.	

Please list all members of the household:		
Name:	Relationship:	Age:
Medicaid Participant ___ Yes ___ No	DHS Assistance: ___ Yes ___ No	DHS Caseworker:
Housing Status: ___ Rent ___ Own ___ Other	Has the applicant ever been enrolled with Job Corp?: ___ Yes ___ No	Is the applicant receiving HUD Assistance?: ___ Yes ___ No
Needs (check all that apply):		Barriers (Check all the apply):
Educational Counseling Alternative School Services High School Proficiency Tutoring Jr. High School Proficiency Tutoring Adult Education and Literacy Activities Needs Work Experience Child Care Assistance Family Counseling Mental Health Counseling	Occupational Skills Training Job Readiness Training On the Job Training Skill Upgrade/Retraining Summer Employment Opportunities Internship Adult Mentoring Leadership Development Entrepreneurial Training Alcohol & Drug Counseling	TANF Exhustee Pregnant Parenting Teen Victim of Domestic Violence Homeless/Runaway One or more of the applicants' parents received welfare assistance. Learning Disability Poor Work History Foster Youth Year: ___ State: ___ Gang Affiliation Transportation Issues At Risk of Dropping out of School Dropped out High School HS Grad with difficulty completing an Educational Program HS Grad with Difficulty Obtaining Employment One or more parents are incarcerated Migrant Youth
Name of School Attending or Last Enrolled In:	Last Grade Completed:	School Drop Out: ___ Yes ___ No
Reason for Drop Out:		
High School Graduate/GED ___ Yes ___ No	High School Graduate with Employment Difficulties ___ Yes ___ No	High School Graduate with Basic Skills Deficit ___ Yes ___ No
Veterans		
Branch of Service: _____	Veterans Status: ⬅ 180 Veterans Status: ➡ 180 Recent Separation Campaign Veteran	Vietnam-era Disable-Veteran Special Disability
Service From: ___ To: ___		
Veterans Spouse Information		
Spouse of any person who died on active military duty or of a military service-connected disability		___ Yes ___ No
Spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability		___ Yes ___ No
Spouse of a veteran who died while diagnosed with a total disability permanent in nature from a military service-connected disability		___ Yes ___ No
Spouse of any member of the Armed Forces serving on active duty who at this time of registration is in any one or more of the following categories:		
Missing in Action		___ Yes ___ No
Captured in the line of duty by a hostile force:		___ Yes ___ No
Forcibly detained or interned in the line of duty by a foreign government or power		___ Yes ___ No
Labor Force Status: _____ Employed _____ Unemployed	Does the Applicant have any previous work experience? ___ Yes ___ No	Has the applicant worked in a subsidized work program? ___ Yes ___ No
Number of Weeks Not Employed: _____	UI Claimant: Yes No	
Work History for the Last 2 Years		
Dates Worked (Month/Date/Year):	Company:	Job Title:
Address:	Supervisor:	Hours Worked Per Week:

City, State, Zip Code:	Phone Number:	Wages/ Salary:
Reason for Leaving:	Duties:	
Dates Worked (Month/Date/Year):	Company:	Job Title:
Address:	Supervisor:	Hours Worked Per Week:
City, State, Zip Code:	Phone Number:	Wages/ Salary:
Reason for Leaving:	Duties:	
Dates Worked (Month/Date/Years):	Company:	Job Title:
Address:	Supervisor:	Hours Worked Per Week:
City, State, Zip Code:	Phone Number:	Wages/ Salary:
Reason for Leaving:	Duties:	
Dates Worked (Month/Date/Years):	Company:	Job Title:
Address:	Supervisor:	Hours Worked Per Week:
City, State, Zip Code:	Phone Number:	Wages/ Salary:
Reason For Leaving:	Duties:	
List any certifications, special skills, or Areas of Interest:		
Referred By:		
Certification		
I have read and understand each application item thus far and certify that the information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of the application and subsequent termination from services.		
_____	_____	
Signature of Applicant	Date	
_____	_____	
Signature of Parent/Guardian	Date	
_____	_____	
Signature of Staff	Date	