



Application

<u>PERSONAL INFORMATION</u> <i>(Please answer each question completely)</i>	<u>FOR OFFICE USE ONLY</u> *Date began program ____/____/____ *TRACK: 1 2 3 4 ____ Approved ____ Pending Approval ____ Denied ____ Case Manager
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Date: _____

*First Name: _____	*Middle Name _____	*Last Name: _____
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*Home Address: _____

*City: _____ *State: _____ *Zip Code: _____ (Neighborhood verified Yes No)

Neighborhood: Clayton Cole Elyria Swansea Five Points Globeville Green Valley Ranch
 Montbello Northeast Park Hill North Park Hill Skyland Whittier

*Home Phone: _____	*Cell Phone: _____	*Email Address: _____
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*Date of Birth: _____	Age: _____	*SS# - - _____	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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*Ethnicity/Race: Hispanic or Latino American Indian or Alaska Native Asian Black or African American
 Hawaiian Native or other Pacific Islander White More than One Race

Are you a US Citizen? Yes No If no, are you documented to work in the United States? Yes No

Are you registered w/Selective Service? Yes No

Marital Status: Single Married Divorced Widowed Common Law Separated Domestic Partnership

Emergency Contact

Name: _____ Relation to You: _____

Address: _____

Home Number: _____ Cell Phone Number: _____

Email Address: _____

EDUCATION/TRAINING

*What is the **highest** grade level you completed (**ONLY** check one)

8th Grade and under

Attended some high school (9-12th grade), but did **NOT** receive a high school diploma

High School Diploma or GED/Equivalent. Year Graduated: _____

Some college or **full-time** technical or vocational school , but did not earn a college degree.

College, earning Associates degree: Degree: _____ Year Graduated: _____

College, earning Bachelors degree or higher: Degree(s): _____ Year(s) Graduated: _____

List any other training and/or certificates you have earned (technical, special certificates, licenses, job preparation):



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OTHER DEMOGRAPHICS

*Are you or your spouse a veteran of the United States Military? Yes No
If yes, specify Branch/Specialty/Date Entered/Discharge Date: _____

*Are you able to speak, read, write and understand English proficiently? Yes No

*Do you have a physical and/or mental impairment that substantially limits (1) or more of your major life activities?
 Yes/Explain No

*Are you currently employed in a full-time, part-time, temporary or seasonal position, or are you currently self-employed?
 Yes No

*Are you currently employed, but have received a notice from your employer that you will be terminated or laid off?
 Yes No

*Do you have a criminal or juvenile record? Yes No

Do you currently have stable housing? Yes No

Please check the one that best describes your housing situation:
Own Home Rent-Subsidized Rent-Unsubsidized Live with Friend/Relative/Other

Half-way House - Which one? _____

Homeless

- How long have you been homeless? _____years _____months
- Are you in a temporary shelter? Yes No

If yes, please provide name of shelter: _____

HOW DID YOU HEAR ABOUT DGJI? Please be specific as your comments help us improve our marketing/outreach efforts.

<input type="checkbox"/> Referral - community agency	<input type="checkbox"/> Email announcement	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Referral - government agency	<input type="checkbox"/> Facebook/Twitter/Social Media	<input type="checkbox"/> Radio
<input type="checkbox"/> Referral - workforce Center	<input type="checkbox"/> Flyer in Mailbox	<input type="checkbox"/> School
<input type="checkbox"/> Referral - youth serving agency	<input type="checkbox"/> Flyer in Neighborhood	<input type="checkbox"/> TV
<input type="checkbox"/> Charity House	<input type="checkbox"/> Genesis House	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Childcare Center	<input type="checkbox"/> Green Careers Colorado	<input type="checkbox"/> 211
<input type="checkbox"/> Church	<input type="checkbox"/> iCast	<input type="checkbox"/> Other _____
<input type="checkbox"/> Conference	<input type="checkbox"/> Job Fair	
<input type="checkbox"/> Connecting Colorado	<input type="checkbox"/> Library	
<input type="checkbox"/> DGJI website	<input type="checkbox"/> MiCasa	
<input type="checkbox"/> DIUS		



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INCOME

Number of dependants less than 18 years old in your household: _____
Number of dependants less than 18 years old not living in your household: _____
Number of persons living in your household: _____

Total Annual Household Income: \$ _____

Income Sources (check all that apply)

- Alimony
 - Child Support
 - Unemployment
 - Food Stamps
 - Disability
 - Worker's Compensation
 - Housing Assistance (HUD)
 - Medicaid
 - Medicare
 - Paycheck (currently employed)
 - Paycheck (spouse employed)
 - Supplemental Social Security Income (SSI)
 - Temporary Assistance for Needy Families (TANF)
 - Children's Health Plan
- Other: _____

Are you currently receiving TANF? Yes/Add Information No

What is your Technician's Name: _____ County: _____

Phone Number: _____ Fax Number: _____

Address: _____ City, State & Zip Code: _____

WORK HISTORY (We need your most recent three employers. Please fill out completely.)

<u>Employer/Address/Phone Number:</u>	<u>Position/Title:</u>	<u>Dates Worked:</u>
<u>Duties/Task Performed:</u>	<u>Reasons for Leaving:</u>	<u>Salary/Hourly or Other</u>
<u>May We Contact?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Supervisor:</u>	<u>Phone Number:</u>
<u>Please list any special training, certificates, licenses, promotions, awards, equipment used:</u>		
<u>How did you interact with your Supervisor and Peers?</u>		
<u>Employer/Address/Phone Number:</u>	<u>Position/Title:</u>	<u>Dates Worked:</u>
<u>Duties/Task Performed:</u>	<u>Reasons for Leaving:</u>	<u>Salary/Hourly or Other</u>
<u>May We Contact?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Supervisor:</u>	<u>Phone Number:</u>



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Please list any special training, certificates, licenses, promotions, awards, equipment used:

How did you interact with your Supervisor and Peers?

<u>Employer/Address/Phone Number:</u>	<u>Position/Title:</u>	<u>Dates Worked:</u>

<u>Duties/Task Performed:</u>	<u>Reasons for Leaving:</u>	<u>Salary/Hourly or Other</u>

<u>May We Contact?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Supervisor:</u>	<u>Phone Number:</u>

Please list any special training, certificates, licenses, promotions, awards, equipment used:

How did you interact with your Supervisor and Peers?

What was the best job you ever had? Why?

How often did you miss work? Often Rarely Seldom Never

How often were you late? Often Rarely Seldom Never

What do you feel are your strengths?

What could you improve on?

WORK READINESS
There are many factors other than education and job experience that may affect your ability to find employment and work. Do any of the following statements apply to you? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> I can't find a job. | <input type="checkbox"/> I keep losing jobs that I get. |
| <input type="checkbox"/> I have no employment experience. | <input type="checkbox"/> I am pregnant. Due Date: _____ |
| <input type="checkbox"/> I need help improving my reading skills. | <input type="checkbox"/> I care for a newborn. |
| <input type="checkbox"/> I am experiencing domestic violence problems. | <input type="checkbox"/> I have difficulty managing my time. |
| <input type="checkbox"/> I have difficulty parenting. | <input type="checkbox"/> I have difficulty managing stress. |
| <input type="checkbox"/> I need help effectively communicating my needs. | <input type="checkbox"/> I feel lonely much of the time. |
| <input type="checkbox"/> I feel sad, hopeless or unmotivated much of the time. | <input type="checkbox"/> I feel scared or afraid much of the time. |
| <input type="checkbox"/> My lack of self-confidence and self-esteem interferes with my ability to obtain employment. | |
| <input type="checkbox"/> I have experienced past abuse or injury which keeps coming up in the present (nightmares, flashbacks, relationship problems, fear, anger or lack of trust toward others). | |



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Do you have a valid CO Drivers License? Yes No Driver's License Number: _____

Has your license ever been suspended? Yes No
If yes, please explain: _____

Do you have reliable transportation? Yes No How will you get to class/training and work?
 Car (driving myself) Car (someone else drives)
 Walk Bus Other public transportation

In your experience, have you found transportation issues to be an obstacle to employment? Yes No
If yes, please explain: _____

What is your method of transportation and backup method once you begin training/employment? _____

Have you been cited for moving violations in the last 3 years? Yes No If yes, how many times _____
List any outstanding fines:
\$ _____ Reason: _____
\$ _____ Reason: _____

If selected for DGJI program will you submit to a pre-employment drug screening test? Yes No

FAMILY AND HEALTH INFORMATION

Medical information (check all that apply):
 Medicare Medicaid CICP Health Insurance Dental Insurance None

Explain any health limitations which may interfere or prevent you from doing any of the work in the construction industry including standing on your feet for long hours. Do you have a fear of heights?

Do any family members have medical problems or conditions? If so, specify the type(s) of health problems:
 Child(ren): _____
 Other: _____

Are you caring for a disabled family member? Yes No
If yes, what is your relationship to this person? _____

Do you have family and friends (i.e. support groups, counselors, religious groups) who support you emotionally?
Yes No Please explain: _____

Are you drug free? Yes No
Note: Drug testing will be conducted at Orientation, and randomly thereafter during training.

Please list by name all medications you are currently taking and how often you take them.
Name: _____ Times per day: _____
Name: _____ Times per day: _____
Name: _____ Times per day: _____

Have you ever lost a job because of drug and alcohol use? Yes No

Have you ever been or are you currently in a drug and/or alcohol treatment program? Yes No

Have you ever been in drug and alcohol treatment? Yes, Date completed Treatment _____ No



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CHILD CARE

What child care provisions do you have in place while you are in this training?

What back-up child care provisions do you have in place while you are in this training program?

What are your childcare plans and back up plans once you begin employment?

In your experience, have you found child care issues to be an obstacle to employment? Yes No Please explain:

Do you need assistance in locating a child care provider? Yes No

Who is your child care provider(s)?

CRIMINAL HISTORY (Include any juvenile offenses)

<u>OFFENSES COMMITTED</u>	<u>City, State</u>	<u>CONVICTION TYPE:</u> (<u>FELONY</u> or <u>MISDEAMEANOR</u>)	<u>DATES</u>	<u>TIME SERVED</u>

Have you ever been involved in a gang or gang activity? Yes No If yes, please provide date(s) _____

Are you currently on Probation or Parole? Yes/List OfficerName/County/Phone Number No

Officer Name: _____ County: _____

Phone #: _____



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Please explain in your words any offenses committed:

MENTAL HEALTH HISTORY

Have you ever been treated for an emotional/mental health problem? Yes No

When: _____ Where: _____

Diagnosis: _____ Physician: _____

Have you experienced any of the following?

Depression Past 30 days Lifetime Serious Moderate Mild

Learning Disabilities(ADD, OCD, Dyslexia) Past 30 days Lifetime Serious Moderate Mild

Tension Past 30 days Lifetime Serious Moderate Mild

Hallucination (excluding drugs) Past 30 days Lifetime Serious Moderate Mild

Trouble Understanding Past 30 days Lifetime Serious Moderate Mild

Trouble Concentrating/Remembering Past 30 days Lifetime Serious Moderate Mild

Trouble Controlling Violent Behavior Past 30 days Lifetime Serious Moderate Mild

(including periods of rage or violence)

Thoughts of Suicide Past 30 days Lifetime Serious Moderate Mild

Attempted Suicide

Explain: When _____ Where _____

Method _____ Drugs involved? Yes No

Are you taking any prescribed medications? Yes No

<u>Medication</u>	<u>Strength/Dosage</u>	<u>How Long</u>	<u>Benefits</u>	<u>Side Effects</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Have you ever been hospitalized? Yes No

When: _____ Where: _____ Problem: _____

When: _____ Where: _____ Problem: _____

REFERENCES

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>YEARS ACQUAINTED</u>	<u>PHONE NUMBER</u>

Write a brief statement explaining why you would like to be involved in the Denver Green Job Initiative? You may attach another sheet if you need more room.

Denver Green Jobs Initiative offers reasonable accommodation in the intake process for individuals with disabilities. If you need assistance in the application process to accommodate a disability, you may request an accommodation at any time.

DGJI, in considering my application for the program, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background. I understand that DGJI has a commitment to maintain an alcohol/drug-free workplace and requires a drug screening test as a part of its selection process.

I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a second confirmatory test reviewed by a Reviewer, it is then determined the specimen contains a prohibited controlled substance or was altered or substituted, I will be disqualified from consideration for the program and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment.

Signature _____

Case Manager _____