



Roofing & Construction Vocational Program (RCVP) Application

Date		Social Security Number	Date of Birth
Name (First, Middle, Last)			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		Mailing Address	Primary Phone
City, State, Zip Code		City, State, Zip Code	Email Address
County of Residence		Selective Service Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <small>If under 18 or female</small>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/>
<u>Emergency Contact</u> Name/Relationship:		Address:	Phone:
Race:			
Native American/Alaskan Native <input type="checkbox"/>		Asian <input type="checkbox"/> African American <input type="checkbox"/>	Hawaiian Native/ Pacific Islander <input type="checkbox"/>
Caucasian (White) <input type="checkbox"/>		Hispanic/Latino <input type="checkbox"/>	Other _____ <input type="checkbox"/>
United States Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		If No: INS Alien Document Number Expiration Date:	If No, is Applicant eligible for Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa #: _____
Is English the Applicant's First Language: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List:: _____		Place of Birth: _____ City, State, Country	If Native American: Tribe _____ Does Applicant have CDIB Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual with a Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		Information regarding Disability:	Does Applicant have a current Department of Rehabilitation Services Case? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does Applicant need supported employment services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does Applicant Require any Adaptive Equipment to assist with Employment or Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:
Felony Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		Misdemeanor Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	Driver's License State Issued _____ DL # _____ Expiration Date _____
Number of People in Household	Is Applicant a Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Single Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Applicant Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Applicant Dependents
Custody Status of Applicant			
<input type="checkbox"/> Bio-Parents <input type="checkbox"/> Bio-Mother <input type="checkbox"/> Bio-Father <input type="checkbox"/> Legal Adult (18 & C)		<input type="checkbox"/> Grandparent/Grandparents <input type="checkbox"/> DHS Custody/ Foster Care <input type="checkbox"/> Juvenile Probation Services <input type="checkbox"/> Legal Guardian other than Bio.	
		<input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Protective Services	

Please List ALL Members in Your Household		
Name	Relationship	Age
1		
2		
3		
4		
5		
6		
Medicaid Participant Yes <input type="checkbox"/> No <input type="checkbox"/>	DHS Assistance	DHS Caseworker
Housing Status Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>	Has Applicant Ever Been Enrolled in Job Corps? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Receiving HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>
Needs (check all that apply)		Barriers (check all that apply)
<input type="checkbox"/> Educational Counseling <input type="checkbox"/> Alternative School Services <input type="checkbox"/> High School Proficiency Tutoring <input type="checkbox"/> Jr. High School Proficiency Tutoring <input type="checkbox"/> Adult Education and Literacy Activities <input type="checkbox"/> Needs Work Experience <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Family Counseling <input type="checkbox"/> Mental Health Counseling		<input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> On the Job Training <input type="checkbox"/> Skill Upgrade/Retraining <input type="checkbox"/> Summer Employment Opportunities <input type="checkbox"/> Internship <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Leadership Development <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Alcohol & Drug Counseling
		<input type="checkbox"/> Pregnant <input type="checkbox"/> Parenting Teen <input type="checkbox"/> Victim of Domestic Violence Homeless/Runaway <input type="checkbox"/> One or more of applicant's parents received welfare assistance <input type="checkbox"/> Learning Disability <input type="checkbox"/> Poor Work History
<input type="checkbox"/> Foster Youth Year _____ State _____		<input type="checkbox"/> Gang Affiliation <input type="checkbox"/> Transportation Issues <input type="checkbox"/> At Risk of Dropping out of School <input type="checkbox"/> HS Grad with Difficulty Completing an Educational Program <input type="checkbox"/> HS Grad with Difficulty Obtaining Employment <input type="checkbox"/> One or more parents are incarcerated
Name of School Attending or Last Enrolled In	Last Grade Completed	School Drop Out Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Drop Out:		
High School Graduate/GED Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Employment Difficulties Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Basic Skills Deficit Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterans		
Branch of Service _____ Service from _____ to _____	<input type="checkbox"/> Veteran Status: < 180 <input type="checkbox"/> Veteran Status: > 180 <input type="checkbox"/> Recent Separation <input type="checkbox"/> Campaign Veteran	<input type="checkbox"/> Vietnam-era <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled
Veteran Spouse Information		Yes
Spouse of any person who died on active military duty or of a military service-connected disability		No
Spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability		
Spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability		
Spouse of any member of the Armed Forces serving on active duty who at this time of this registration is in any one or more of the following categories:		
Missing in Action		
Captured in the line of duty by a hostile force:		
Forcibly detained or interned in the line of duty by a foreign government or power		

Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Does applicant have any previous work? History? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Applicant Worked in a Subsidized Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Weeks Not employed _____		UI Claimant Yes <input type="checkbox"/> No <input type="checkbox"/>
Work History-For Last 2 years		
Dates Worked (Month/Date/Year)	Company	Job Title
<i>to</i>	Supervisor	Hours Worked Per Week
Address	Phone Number	Wage/Salary
City, State, Zip Code	Duties	
Reason for Leaving		
Dates Worked (Month/Date/Year)	Company	Job Title
<i>to</i>	Supervisor	Hours Worked Per Week
Address	Phone Number	Wage/Salary
City, State, Zip Code	Duties	
Reason for Leaving		
Dates Worked (Month/Date/Year)	Company	Job Title
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Reason for Leaving		
Dates Worked (Month/Date/Year)	Company	Job Title
<i>to</i>	Supervisor	Hours Worked Per Week
Address	Phone Number	Wage/Salary
City, State, Zip Code	Duties	
Reason for Leaving		
List any Certifications, Special Skills or Areas of Interest		

Referred By

the Executive Director. This appear, when presented to the Board of Directors, will be the final authority.

Board of Directors

With respect to the grievance appeals, a quorum of Board of Directors shall suffice. The Executive Director and other ex-officio members of the Board of Directors shall vacate their seats during discussion of the grievance matters.

Representation

Only the client, their personal representative, and person designated by the Board may attend the Grievance Hearings.

If any client fails to follow the grievance procedure, he or she will be directed by the Executive Director and/or Board of Directors to review the grievance procedure and to follow the procedure as written.

You will be provided a copy of this document for reference should the need arise. A second copy will be placed in your participant file folder.

This is to certify that I have read and understand my rights regarding grievances.

Signature of Applicant

Date

Signature of Parent/Guardian if under 18

Date