

BUILDING



**PATHWAYS
CONNECTICUT**

APPLICATION FORM

Application Deadline: **June 1st, 2017**

Contact Information: Kasey Cornwell 860.258.6640 x233 or Katherine Mamed 860.258.6640 x224
Incomplete applications will be rejected. Answer "N/A" if question does not apply to you. Please print clearly.

1. APPLICANT BASIC INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
EMAIL ADDRESS		
STREET ADDRESS		UNIT NUMBER
CITY/TOWN	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	
BEST WAY TO REACH ME IS MY: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work (please list below) <input type="checkbox"/> Email		
Info Session Attended: Location _____ Date _____		
2. APPLICANT DEMOGRAPHIC INFORMATION		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY: (CHECK ONLY ONE) <input type="checkbox"/> HISPANIC OR LATINO (OF ANY RACE) <input type="checkbox"/> NOT HISPANIC OR LATINO	

<p style="text-align: center;">RACE: (CHECK ONLY ONE)</p> <p><input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE</p> <p><input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN RACES</p> <p><input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> TWO OR MORE RACES</p> <p style="text-align: center;"><input type="checkbox"/> OTHER</p>	<p style="text-align: center;">VETERAN STATUS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of discharge:</p>
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<p style="text-align: center;">CITIZENSHIP</p> <p><input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> REFUGEE</p> <p>IF NOT A US CITIZEN, DO YOU HAVE A WORK VISA?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">WERE YOU BORN IN THE UNITED STATES?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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3. APPLICANT EDUCATIONAL BACKGROUND

PLEASE SELECT HIGHEST LEVEL OF SCHOOLING THAT YOU HAVE COMPLETED

LESS THAN 9TH GRADE ASSOCIATE'S DEGREE (2-YEAR)

9TH-12TH GRADE, NO DIPLOMA BACHELOR'S DEGREE (4-YEAR)

HIGH SCHOOL DIPLOMA MASTER'S AND ABOVE

GED/HIGH SCHOOL EQUIVALENCY OTHER POST-SECONDARY TRAINING

SOME COLLEGE, NO DEGREE

Name of last school attended: _____

Major course of study _____ Dates Attended: From _____ To _____

Are you still attending school? Yes No

If you attended a Vocational-Technical High School or Technical Post-Secondary School, please state:

School: _____ Subject Area: _____

Dates Attended: From _____ To _____

PLEASE LIST ANY CREDENTIALS OR CERTIFICATES YOU HOLD:

Type: _____ Issued By: _____

Date Issued: _____

Type: _____ Issued By: _____

Date Issued: _____

Type: _____ Issued By: _____

Date Issued: _____

Type: _____ Issued By: _____

Date Issued: _____

4. APPLICANT INCOME INFORMATION

ARE YOU RECEIVING ANY OF THE FOLLOWING BENEFITS: (*SELECT ALL THAT APPLY*)

- TANF FOOD STAMPS SSI-DISABILITY VETERAN'S BENEFITS
 UNEMPLOYMENT OTHER _____

FAMILY STATUS: SINGLE INDIVIDUAL SINGLE PARENT

TWO-PARENT HOUSEHOLD MARRIED, NO DEPENDENT CHILDREN

NUMBER OF DEPENDENT CHILDREN AT HOME: _____

FAMILY SIZE (number in household including self):	ANNUAL FAMILY INCOME (BASED ON INCOME FOR LAST 6 MONTHS): \$ _____
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5. APPLICANT EMPLOYMENT - Beginning with your present or most recent employment, please list the last 2 positions you have held. Include any unpaid work experience.

MOST RECENT EMPLOYER	PHONE	ADDRESS	SUPERVISOR May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT DATES: From: _____ To: _____ <input type="checkbox"/> I am still working here. Reason for leaving: <input type="checkbox"/> Lay Off <input type="checkbox"/> Company Closed <input type="checkbox"/> Other _____		JOB TITLE & DESCRIPTION	HOURS WORKED WEEKLY HOURLY WAGE

2 nd MOST RECENT EMPLOYER	PHONE	ADDRESS	SUPERVISOR May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT DATES: From: _____ To: _____ <input type="checkbox"/> I am still working here. Reason for leaving: <input type="checkbox"/> Lay Off <input type="checkbox"/> Company Closed <input type="checkbox"/> Other _____		JOB TITLE/ DESCRIPTION	HOURS WORKED WEEKLY HOURLY WAGE

6. If you are not currently employed, please explain why and state how many weeks you have been unemployed: _____

7. Are you at least 18 years of age?
 Yes No If No, you are not eligible to apply for this program until you reach 18 years of age.

8. Would you be willing to take a drug/alcohol test to become accepted into the program?
 Yes No

9. Would you be willing to take a basic math and reading comprehension test to become accepted into the program?
 Yes No

10. Do you currently have a valid driver's license? Yes No (If yes, attach photocopy)

You must have a valid driver's license for admission into Building Pathways CT. If you do not currently hold a valid driver's license, you must have a learner's permit at the time you submit the application and a valid driver's license by the 1st day of program admission (if accepted).

11. Do you own or have daily access to a vehicle that runs? Yes No

If yes, is your vehicle insured? Yes No

If you do not have daily access to a vehicle, how do you plan to get to class?

 When you find work, how will you commute to construction sites?

12. List all tools you have operated successfully at work or home (if any), e.g., hammer, power drill, etc.

13. Do you know anyone in the construction trades? Yes No
If yes, please identify his or her occupation and relationship to you.

14. Have you had any previous introduction to construction careers or ever applied for or participated in a building trades apprenticeship program? Yes No
If yes, please explain:

15. Why do you want to enter into a career in construction and what makes you a good candidate for this work?

16. Why should you be chosen to participate in Building Pathways?

17. You must provide at least one letter of *professional* reference, preferably from a current or former employer, (*NOT* a friend or family member) with your application. The reference letter must include the reference's name, address, phone number and signature, and should address the following qualities about you:

- Reliability
- Communication skills
- Motivation and/or leadership skills
- Ability to work with others
- Respect for others

The information you provide to the questions below (18-23) are required and will be used for case management purposes only. This information will be kept confidential. Any data used for research purposes will be stripped of all personal information.

18. Number of dependent children at home: 0 1 2 3 4 5 or more

19. If you have children at home, do you have dependable child care? **Yes** **No** **N/A**
If no, please explain how you will be able to participate in this class, or maintain employment after graduation.

20. Please list any special circumstances you have in your household (example: living in a shelter; spouse out of work; taking care of others):

21. Do you speak a language other than English? **Yes** **No** If yes, specify _____

22. Have you ever been convicted of a felony? **Yes** **No**
If yes, explain briefly the nature and date(s) of the conviction, and date of release from incarceration. (*Note: a "Yes" answer does not exclude you from training.*)

23. Do you have any physical or other difficulties that would impair your ability to work in construction? **Yes** **No** **If yes**, please explain why:

24. How did you hear about Building Pathways CT?

- Flyer
- American Job Center
- Friend or relative
- Community organization
- Facebook
- Other (*please specify*): _____

25. Please rate the following sessions in order of how accessible the dates and locations are for you to attend (1 being most accessible for you, 3 being the least):

- ____ Rocky Hill, beginning July 10, 2017
- ____ New Haven beginning August 14, 2017
- ____ Groton beginning fall, 2017

DISCLAIMERS AND SIGNATURE

I certify that my answers on this application are true and complete to the best of my knowledge. I understand that if the information provided leads to admission into the Building Pathways Building Trades Pre- Apprenticeship Program, false or misleading information may result in my release. I authorize Building Pathways to share this information with program funders. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history, academic/professional credentials, military service records, criminal, driving, and financial records through any investigative or credit bureaus of your choice. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

NOTICE: THIS PROGRAM IS AN APPRENTICESHIP-READINESS PROGRAM ONLY. PARTICIPATION IN AND/OR COMPLETION OF THE PROGRAM DOES NOT GUARANTEE ADMISSION INTO AN APPRENTICESHIP PROGRAM, ADMISSION INTO A UNION OR EMPLOYMENT IN THE CONSTRUCTION INDUSTRY. DECISIONS ON SUCH ADMISSIONS OR EMPLOYMENT ARE MADE BY THE INDIVIDUAL APPRENTICESHIP PROGRAM, UNION OR EMPLOYER AND NOT BY THIS PROGRAM. BY SIGNING THIS APPLICATION AND PARTICIPATING IN THIS PROGRAM, YOU INDICATE YOUR AGREEMENT AND UNDERSTANDING THAT NO PROMISES OR GUARANTEES OF ADMISSION TO AN APPRENTICESHIP PROGRAM OR A UNION OR EMPLOYMENT IN THE CONSTRUCTION INDUSTRY HAVE BEEN MADE TO YOU AND THAT NO ONE REPRESENTING THIS PROGRAM HAS THE AUTHORITY TO MAKE SUCH PROMISES OR GUARANTEES.

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Signature: _____ Date: _____

Please be sure that you have answered all questions and attached all required documents before submitting your application.

Please mail the completed application form and all supporting documentation to:
**Building Pathways CT, c/o John J. Driscoll United Labor Agency, 56 Town Line Road
Rocky Hill, CT 06067, Attn: Amy Blackwood**