



APPLICATION

This application is for the express purpose of assisting interested individuals to enter into construction trade career fields. It is the Constructing Hope Pre-Apprenticeship Program, to provide equal program entrance for all qualified people regardless of race, sex, sexual orientation, gender identity, national origin, political affiliation, or any other non-job related factors.

Qualified applicants must be at least 18 years old, willing to participate in our full program curriculum, participate in the mentor program and you must be physically and mentally capable of performing the job. Collected information will be used to direct the individual to other appropriate or necessary resources. People with a legal history are encouraged to apply.

Date of Application: _____

Print Contact Information:

First Name: _____ MI: _____ Last Name: _____

Home Phone: (_____) _____ Cell Phone :(_____) _____

Message Number: (_____) _____

E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip Code _____

Mailing address (if different): _____

City: _____ State: _____ Zip Code: _____

Please provide printed name, address and telephone number of three contact persons, someone who will know how to reach you and indicate their relationship to you (Mother, Brother, Etc.):

Name/Relation: _____ Phone number :(_____) _____

Address: _____

Name/Relation: _____ Phone number :(_____) _____

Address: _____

Name/Relation: _____ Phone number: (_____) _____

Personal Information:

Gender: M F Social Security Number: _____ Date of Birth: _____

Identification/Driver's License Number: _____ State: _____

Suspended: Yes No Hardship License: Yes No Is License Current? Yes No

Do you have any children? Yes No If yes, how many? _____

What is your first language? _____



Which of the Following Best Describes Your Race/Ethnicity? (check all that apply)

- African American or Black American Indian/Alaskan Native Asian
- Hispanic Origin Native Hawaiian or Pacific Islander White, not of Hispanic Origin

Other _____

What Is Your Marital Status?

- Married Domestic Partnership Single-No Dependents Single-Female Head of Household
- Divorced Married-Separated Single-Male Head of Household

Please Check All That Apply:

- Veteran Refugee or Immigrant LGBTQI2-S Currently in Military/or Reserves

Do you have a disability? Yes No

Do you have permanent housing? Yes No

Do you work with any other programs? Yes No

If yes, what program(s), Case Manager Name & Phone _____

Employment Information:

What is your employment status at this time? Part-time Full-time Unemployed

Company Name: _____ Start Date: _____

Address: _____

Annual family income _____ Family Size _____

Your Personal Income at Enrollment:

Wage per Hour: \$ _____ Hours per Week: _____ Weekly Income: \$ _____ Other Income: _____

Do You or Anyone In Your Household Receive Assistance of the Following Type (check all that apply)?

- SNAP (food stamps) Public Housing/Section 8 Housing Assistance
- Unemployment Benefits TANF (Cash Assistance) Medicaid (Oregon Health Plan, Washington Apple Health)



Constructing Hope

Pre-Apprenticeship Program

405 NE Church St., Portland, OR 97211

503-281-1234

www.constructinghope.org

Education:

What is the highest grade or year of school have you completed? (Check only one)

- Some College
 High School graduate
 GED graduate
 Working on GED (tests completed) _____

Law Enforcement Involvement/History:

Do you have a criminal history? Yes No

Are you currently on probation/parole? Yes No

If yes, please print name and contact information for Parole/Probation Officer

Name: _____ Phone: () _____

What offense resulted in your most recent prison or jail stay? (Ex. possession of a controlled substance, theft, etc.)

Trades of Interest (check all that apply):

- Carpenter
 Cement Mason
 Electrician
 Plumber
 Heavy Equipment Operator
 Laborer
 Mechanic
 Painter
 Pile Driver
 Other _____

Any Additional Information We Should Know?

Please Read and Sign Below:

- I understand that upon acceptance into Constructing Hope, I am making a **three-year commitment** to remain in contact with program staff for on-going support and career advancement services. I agree to report my income (wages and hours worked) to the program staff **every quarter**.
- I hereby certify to the best of my knowledge that the information given herein is true and accurate and I understand that the information I have supplied is subject to verification.

SIGNATURE _____ Date _____