

# APPRENTICESHIP PROGRAM QUALIFICATION QUESTIONNAIRE

CONFIDENTIAL

If you are interested in becoming an apprentice in our program, please complete the following form.

Print and fax the completed form to: 800-442-1094, attention Maria Alexander, or email it to alex@center4living.org.

[The purpose of this questionnaire is to establish the need of the applicant for this program. Eligibility is based upon need, not merit. The answers to these questions are confidential and will determine need and eligibility for this program.]

Name \_\_\_\_\_

AKAs or ALIASES? \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Other Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

## EDUCATION

Did you Graduate High School No Yes

If no, did you drop out? No Yes

If no, were you expelled? No Yes

Do you have a GED or other high school equivalent? No Yes

Did you attend an Adult or Trade School? No Yes

If yes, what did you study? \_\_\_\_\_

Did you attend college? No Yes

If yes, what was your major? \_\_\_\_\_

Did you graduate college? No Yes

If yes, what degree did you attain? \_\_\_\_\_

## CURRENT WORK SITUATION

Are you currently employed? No Yes

If no, why not? \_\_\_\_\_

\_\_\_\_\_  
If yes, why are you applying for an apprenticeship here? \_\_\_\_\_

\_\_\_\_\_  
Have you tried to find work? No Yes

How long have you been unemployed? \_\_\_\_\_

Have you ever held a job? No Yes

If no, why not? \_\_\_\_\_

\_\_\_\_\_  
If yes, describe the job: \_\_\_\_\_

\_\_\_\_\_  
If yes, why don't you have this job anymore? \_\_\_\_\_

## QUALIFICATION QUESTIONS

Who referred you to this program? \_\_\_\_\_

Are you a US citizen? No Yes

If not, do you have a work permit? No Yes

Have you ever been detained, investigated or arrested by any law enforcement officer or agency?

No Yes

If yes, for what? \_\_\_\_\_

\_\_\_\_\_  
If yes, were you convicted? No Yes

If you were convicted, what was your sentence? \_\_\_\_\_

Are you on parole? No Yes

Have you or has anyone in your family ever been on welfare, unemployment or disability?

No Yes

If yes, for how long and what kind? \_\_\_\_\_

Are you now or have you ever been in foster care? No Yes

Do you now or have you had any gang associations? No Yes

Are you or anyone in your family living below the poverty level? No Yes

Are people in your neighborhood living below the poverty level? No Yes

Is there gang activity or other serious crime where you live? No Yes

Are you a senior? No Yes

Are you a victim of corporate downsizing? No Yes

Do you require skills updating for job transition? No Yes

If yes, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL QUESTIONS**

What prompted you to apply for this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you need this apprenticeship and what do you hope to achieve through this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your long-term employment goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is preventing you from meeting these goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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