

RANCHO CIELO YOUTH CORPS
INTAKE APPLICATION



Instructions: It is important that you complete this information completely. Complete this application with the assistance of staff, if necessary. If you have any questions please call Andrew Seminerio at (831) 444-3532

PART A: PERSONAL INFORMATION

First Name: _____ Last: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Social Security: _____ Date of Birth: _____ Male Female

Why are you interested in being in this program?

Are You:
Hispanic *Caucasian* *Asian* *African/American* *Native American* *Other:* _____

Is English the main language spoken in your household?
Yes No Other (Specify which one is): _____

If no, how often does communicating in English cause problems for you at work or at school?
Sometimes Seldom Never

Marital Status:
 Never Married *Married* *Divorced* *Separated* *Widowed*

Number in Family (including yourself): _____
Do you live with a parent or guardian? Yes No

Where Do You Live?
 House or Apartment (not public housing) *Public Housing*
 Homeless Shelter *Group Home*
 Halfway House *Work Release Program*
 Homeless *Other:* _____

Do you have children? Yes No If yes, how many?
Do you have child care? Yes No

Child's Name: _____ _____	DOB: _____ _____	Do they live with you? _____ _____
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Do you have transportation? *Bus* *Car* *Other:* _____
Do you have a Driver's License? Yes No

License #: _____ Class: _____ Exp. _____ / _____

Are you one of the following:
 U.S. Citizen or National
 Lawful Permanent Resident Alien #A _____ Work Permit exp date _____ / _____ / _____

PART B: EDUCATIONAL HISTORY		
Are you currently attending school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a high school graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you obtained you GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and address of last school attended:		
Year you last attended school:	Highest grade completed:	
Do you plan or hope to go to college? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain why or why not:		
Have you ever been in another training program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give name and location of program: _____		
Dates you attended: _____ Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any work-related classes taken (business math, construction skills):		
List any equipment you know how to use: (i.e. computer, saws, forklift, etc.)		
PART C: LEGAL BACKGROUND (answering yes, will not necessarily disqualify you)		
Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state if it was a misdemeanor or a felony, describe and include dates and status of all cases:		
Are you on probation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name and phone number of officer: _____		
Are you on parole? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name and phone number of officer: _____		
PART D: HEALTH INFORMATION		
This training may include carrying heavy objects and other physical demands under difficult weather conditions. Are you willing to do physical labor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any health, physical or medical problems? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe: _____		
Are you supposed to wear eyeglasses? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently in a program, or need counseling, for an addiction such as cigarettes, alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
PART E: JOB HISTORY		
Have you ever held a job before? Yes <input type="checkbox"/> No <input type="checkbox"/> Below, please list the last two jobs you held. (If no, skip this section and complete the rest of the application.)		
Name of the Company and Address:		
Supervisor's Name:		
What was your position?	When did you Start?	End?
Hours per week:	Salary:	<input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Volunteer
Duties:		

Reason for leaving:		
Name of the Company and Address:		
Supervisor's Name:		
What was your position?	When did you Start?	End?
Hours per week:	Salary:	<input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Volunteer
Duties:		
Reason for leaving:		
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give the name of the company: _____		
Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>		
Work Schedule: _____ Current hourly wage: _____		
PART E: GOALS & LEISURE		
What do you see yourself doing in 5 years?		
What is your dream job?		
What is most important to you? Rate from 1 – 7 (1 being the most important, 7 being the least) important:		
_____ Family	_____ Friends	_____ Sports
_____ Work	_____ Education	_____ Boy/Girlfriend
		_____ Car
		_____ Other: _____
Name three interests (ex: like to work on cars, animals, weight lifting, computers, travel, outdoors)		
How did you hear about the Rancho Cielo Youth Corps?		
<i>In signing this application, I certify that all statements made in this application are true and correct. I agree and understand that any misinformation or omission of information can result in termination from Rancho Cielo Youth Corps.</i>		
_____		_____
Signature		Date