

Rancho Cielo Youth Campus
YouthBuild Program



Intake Application

Instructions: It is important that you complete this application completely. Complete this application with the assistance of staff, if necessary. If you have any questions please call (831) 970-9149.

PART A: PERSONAL INFORMATION

First Name:		Last Name:	
Street Address:			
City:	State:	Zip:	
Home phone:		Cell Phone:	
Emergency Contact:		Emergency Number:	
Social Security:	Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Why are you interested in participating in this job training program?			
How did you hear about this program?			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African/American <input type="checkbox"/> Native American <input type="checkbox"/> Other:			
Is English the main language spoken in your household?			
Yes <input type="checkbox"/> No <input type="checkbox"/> (Specify which one is): _____			
If no, how often does communicating in English cause problems for you at work or at school?			
<input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never			
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____			
Do you have child care? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child's Name:	DOB:	Do they live with you?	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Do you have transportation? <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other: _____			
Do you have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>			
License #: _____ Class: _____ Exp. _____ / _____			
Are you one of the following:			
<input type="checkbox"/> U.S. Citizen or National of the United States			
<input type="checkbox"/> Lawful Permanent Resident Alien #A _____ Work Permit exp date _____ / _____ / _____			
Have you or your family:			
<input type="checkbox"/> Received food stamps Last date received: _____			
<input type="checkbox"/> Received Cash Aid Last date received: _____			
PART B: EDUCATIONAL INFORMATION			
Are you currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/> GPA: _____			
Are you a high school graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you obtained your GED? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name and address of last school attended:			
Year you last attended school:		Highest grade completed:	

Have you ever been in another training program? Yes No
 If yes, please give name and location of program: _____
 Dates you attended: _____ Did you complete the program? Yes No

PART C: LEGAL BACKGROUND (answering yes, will not necessarily disqualify you)

Have you ever been arrested? Yes No

Have you ever been convicted of a crime? Yes No
 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 No
 Name and phone number of Officer: _____

Are you on parole? Yes No
 Name and phone number of Officer: _____

PART D: HEALTH INFORMATION

This job may include carrying heavy objects and other physical demands.
 Are you able to carry heavy objects or do physical labor? Yes No

Do you have any health, physical or medical problems? Yes No
 If yes, please describe: _____

Are you supposed to wear eyeglasses? Yes No

Do you have asthma? Yes No
 Diabetes? Yes No
 Do you smoke? Yes No
 Are you pregnant? Yes No

Are you currently in a program, or need counseling, for an addiction such as cigarettes, alcohol or drugs?
 Yes No

PART E: JOB HISTORY

Have you ever held a job before? No Yes 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: _____		
Position held:	Start date:	End date:
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 No
 If yes, please give the name of the company: _____
 Full-time Part-Time
 Work Schedule: _____
 Current hourly wage: _____

PART F: 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 Car
 Work Education Boy/Girlfriend Other: _____

Name 3 interests (ex: working on cars, animals, weight lifting, computers, travel, outdoors)

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 my enrollment in the YouthBuild Program.

_____ **Signature**

_____ **Date**

Please fill out this section carefully, and accurately. Show all family income (before deductions) from all sources for the last 6 months. Include income from applicant, mother/female “head of household”, father/male “head of household”, and any relatives in the household. Documented verification of all income will be required at time of eligibility, as acceptance to YouthBuild Program is based on income criteria.

PLAN G: FAMILY INCOME

INCOME (ALL SOURCES – BEFORE DEDUCTION)	\$ APPLICANT \$	\$ FATHER \$	\$ MOTHER \$	\$ OTHER RELATIVES \$
JOBS – WAGES – SELF-EMPLOYMENT INCOME				
ALIMONY – RETIREMENT – PENSION				
OTHER INCOME (PLEASE SPECIFY):				
BENEFITS (ALL SOURCES – BEFORE DEDUCTIONS)	\$ APPLICANT \$	\$ FATHER \$	\$ MOTHER \$	\$ OTHER RELATIVES \$
TANF (CASH AID) (FORMERLY KNOWN AS AFDC)				
SSI (SUPPLEMENTAL SECURITY INCOME)				
SDI (STATE DISABILITY)				
SOCIAL SECURITY SURVIVOR’S BENEFITS				
MILITARY SURVIVOR’S BENEFITS				
FOSTER CHILD GRANT				
UNEMPLOYMENT INSURANCE INCOME				
WORKER’S COMPENSATION				
CHILD SUPPORT				
OTHER BENEFITS (PLEASE SPECIFY):				

PLEASE SUBMIT YOUR APPLICATION TO: RANCHO CIELO YOUTH CAMPUS

PHYSICAL ADDRESS: 710 OLD STAGE RD. SALINAS, CA 93908 MAILING ADDRESS: P.O. 6948 SALINAS, CA 93912

Ph: (831) 444-3533 Fax: (831)444-3550

E-MAIL: YBPROGRAM@RANCHOCIELOYC.ORG WEB SITE: WWW.RANCHOCIELOYC.ORG