

# 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 Andrea Mullany-Money Penny at (831) 760-6486.

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>PART B: EDUCATIONAL HISTORY</b>		
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.)		
<b>PART C: LEGAL BACKGROUND (answering yes, will not necessarily disqualify you)</b>		
Are you currently, or have you ever been affiliated with a gang? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, which one: _____		
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: _____		
<b>PART D: HEALTH INFORMATION</b>		
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"/>		
<b>PART E: JOB HISTORY</b>		
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: _____		
<b>PART E: GOALS &amp; LEISURE</b>		
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