

Rhode Island Urban Community Apprenticeship Program

Application Form

2017

GENERAL INFORMATION

DATE : _____

Last Name: _____	First Name: _____	MI: _____	Date of Birth: _____ Month / Day / Year
Address: _____		City: _____	State: _____
Zip Code: _____	Email Address: _____		
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Emergency Contact Information: Name: _____		PHONE #: _____	

GENDER: MALE FEMALE

RACE/ETHNICITY (PLEASE CHECK APPLICABLE):

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non Hispanic/Latino
If non Hispanic/Latino, you are:	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African Heritage	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multi-racial

EMPLOYMENT STATUS

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	
<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Student	<input type="checkbox"/> Not in Labor Force

MILITARY STATUS

<input type="checkbox"/> Veteran	Branch of Service _____
<input type="checkbox"/> Non Veteran	

LAST GRADE COMPLETED IN A US SCHOOL:

<input type="checkbox"/> No School	<input type="checkbox"/> Grades 1-5	<input type="checkbox"/> Grades 6-8	<input type="checkbox"/> 9-12 No Diploma
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Some college (No Degree)	
<input type="checkbox"/> Vocational Training or Certificate _____			
<input type="checkbox"/> College or Professional degree Last Year Attended: _____			

LAST GRADE COMPLETED OUTSIDE A NON US SCHOOL:

<input type="checkbox"/> No Schooling	<input type="checkbox"/> Grades 1-5	<input type="checkbox"/> Grades 6-8
<input type="checkbox"/> Grades 9-12 (No Diploma)	<input type="checkbox"/> High School Diploma	
<input type="checkbox"/> GED	<input type="checkbox"/> Some college (No Degree)	
<input type="checkbox"/> College or Professional degree Last Year Attended: _____		

CITIZENSHIP STATUS:

<input type="checkbox"/> United States Citizen
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Not a requirement for acceptance; for data purposes only

ENGLISH FLUENCY

<input type="checkbox"/> Fluent
<input type="checkbox"/> Speaking
<input type="checkbox"/> Reading
<input type="checkbox"/> Writing

Do you have a Driver's License? Yes No

How did you learn about this program? (Check all that apply)

<input type="checkbox"/> Friend or Family member	<input type="checkbox"/> Newspaper or magazine	<input type="checkbox"/> Website/Direct Email
<input type="checkbox"/> Pamphlet or Brochure	<input type="checkbox"/> Employer	<input type="checkbox"/> Radio or TV
<input type="checkbox"/> Other: _____		

Check areas of work or related life experience:

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical
<input type="checkbox"/> Welding	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Construction	<input type="checkbox"/> Other _____

