

WEST VIRGINIA WOMEN WORK!
STEP-UP FOR WOMEN APPLICATION

Where did you learn of Step Up for Women? WorkForce Newspaper Radio Television Other

CONTACT INFORMATION

Name: _____ Today's Date: _____

Date of Birth: _____ Email: _____

Address: _____ Phone: (____) _____

City/ State: _____ Zip: _____ Cell: (____) _____

Social Security Number: _____ - _____ - _____ Drivers License Number/State: _____

Emergency Contact Name: _____

Phone: (____) _____ Relationship to Applicant: _____

PERSONAL INFORMATION

Do you currently own a Computer? ___ yes ___ no

How would you rate your computer skills? ___ None ___ Beginner ___ Intermediate ___ Master

Do you own a car and it is available for your use? ___ yes ___ no

If no, how do you plan on getting to class and/or work? _____

Do you have dependants? ___ yes ___ no How many? _____ Ages? _____

Check all that apply:

___ Single Parent _____ Head of Household

___ Displaced Homemaker _____ Veteran (If checked, elaborate in Employment Section)

Check all assistance you currently receive: If None, Check Here: _____

___ Food Stamps: Total monthly benefit amount \$ _____

___ TANF (government cash assistance): Total monthly benefit amount \$ _____

___ SSI: Monthly total \$ _____ When did you first receive? Month/Year _____ / _____

___ SSDI: Monthly total \$ _____ When did you first receive? Month/Year _____ / _____

___ WIA: Total received to date \$ _____

___ Veteran Benefits: Total monthly benefit amount \$ _____

___ Medicaid: _____ Adult _____ Child(ren)

___ Section 8 Rental Assistance/HUD: Total monthly benefit amount \$ _____

___ Women, Infants, and Children (WIC): Total monthly benefit amount \$ _____

My estimated income is: _____ below \$10,000 _____ \$10,000-\$25,000 _____ Above \$25,000

My health is: _____ Good _____ Fair _____ Poor Date of last physical: _____

If yes to any of the following, PLEASE EXPLAIN:

Do you have a physical or mental disability that you must consider when looking for a job?

___yes ___no

Have you ever been convicted of a felony? ___yes ___no

If yes, what were you charged with?

If yes, did your conviction result in incarceration? ___yes ___no

May we contact your parole officer? ___yes ___no

Name: _____ Phone: _____

Have you ever been convicted of a misdemeanor? ___yes ___no

If yes, what were you charged with?

CAREER GOALS AND QUALIFICATIONS

Why are you interested in enrolling in the Step Up For Women training program?

List trades skills that you have acquired through both paid and unpaid experience.

What type of job in construction do you plan on pursuing?

(carpentry, electrical, heavy equipment, painting, welding, highways, residential/commercial, union, etc.)

What would you like your life to be like a year from now? Include job, skills, home life, financial goals, etc.

Have you ever held a construction related job? ___yes ___no If yes, please describe.

Do you hold any licenses or have you received any awards? ___yes ___no If yes, please list.

EDUCATION

Have you earned your: HS Diploma ___ yes ___ no / GED ___ yes ___ no Year: _____

Name of school: _____ City/ State: _____

If no, last grade completed: _____ Are you interested in obtaining your GED? ___ yes ___ no

Check any of the following Math levels completed while in school:

___ Basic Math ___ Geometry ___ Other _____
___ Algebra ___ Trigonometry

List all vocational technical courses completed. Include course title, year completed, and school:

Have you taken any courses since high school? ___ yes ___ no

If yes, list all degrees and professional/ vocational certificates, year received, and school.

Are you currently a student? ___ yes ___ no If yes: ___ Part-Time ___ Full Time

School: _____ Major/Minor: _____ / _____

EMPLOYMENT HISTORY

Current Employment Status: ___ Employed Full Time ___ Part Time ___ Unemployed

Account for the past four years, including unemployment and homemaking.

List most recent jobs first and attach extra paper if needed.

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____ / _____ to _____ / _____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____ / _____ to _____ / _____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____ / _____ to _____ / _____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____/_____/_____ to _____/_____/_____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____/_____/_____ to _____/_____/_____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

LIST ALL MILITARY SERVICE

Dates (From – To)	Branch of Service	Rank and Duties

Use the remaining space to provide any other information that you feel makes you a good candidate to participate in the Step Up for Women training program.