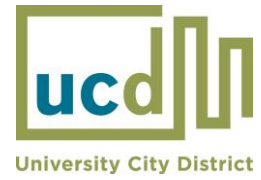


UNIVERSITY CITY DISTRICT
West Philadelphia Skills Initiative
Training Program Application – Security Officer



APPLICANT INFORMATION			
Last Name:		Today's Date	
First Name:		Middle Name:	
Street Address:		Apt./ Unit	
You must reside in one of the following ZIP codes. Choose One: <input type="checkbox"/> 19104 <input type="checkbox"/> 19131 <input type="checkbox"/> 19139 <input type="checkbox"/> 19143 <input type="checkbox"/> 19151			
Phone: ()		E-mail Address:	
Date of Birth: MM / DD / YYYY	Social Security No.: xxx-xx-xxxx	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law			
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES , convicted of:	
<i>(A criminal background does not exclude you from participation in this program.)</i>		<input type="checkbox"/> Misdemeanor(s) <input type="checkbox"/> Felony(s)	
Are you legally eligible to be employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		How did you hear about us?	
Have you ever worked for Allied Barton Security Services? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, are you eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , you are not eligible for this program.			

DEMOGRAPHIC INFORMATION <i>What is your race/ethnicity? Check all that apply.</i>			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other _____

EDUCATION					
	Name of School	Course of Study	Years Completed	Date Completed MM / DD / YYYY	Highest Degree Received
High School					<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD
College					
Graduate Work					
Vocational or Trade School					

PROFESSIONAL LICENSURE/CERTIFICATION			
Name of School	Type of License	License Number	Expiration Date MM / DD / YYYY

Application Continues on Next Page

