

UNIVERSITY CITY DISTRICT

West Philadelphia Skills Initiative

Training Program Application



APPLICANT INFORMATION			
Job Title Applying for:		Today's Date	
Full 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	
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(A criminal background does not exclude you from participation in this program.)</i>		If YES , convicted of: <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?	
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

EMPLOYMENT HISTORY *Please tell us about your employment history, starting with your most recent position.*

Company:		Phone: ()	
Full Address:		Supervisor's Name and Title:	
Hire Date: <small>(MM / DD / YYYY)</small>	Exit Date: <small>(MM / DD / YYYY)</small>	Reason for leaving?	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary <input type="checkbox"/> Other
Please explain why you left:			
Job Title:	Hourly Wage: \$_____per hour	# of Hours Worked per Week:	
Describe the work you performed:			
Company:		Phone: ()	
Full Address:		Supervisor's Name and Title:	
Hire Date: <small>(MM / DD / YYYY)</small>	Exit Date: <small>(MM / DD / YYYY)</small>	Reason for leaving?	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary <input type="checkbox"/> Other
Please explain why you left:			
Job Title:	Hourly Wage: \$_____per hour	# of Hours Worked per Week:	
Describe the work you performed:			

ADDITIONAL QUALIFICATIONS *What skills, experience, or training do you have that will make you a great candidate for this program?*

STATEMENT OF INTENT *Why do you want to be a part of the West Philadelphia Skills Initiative? Applications without a statement of intent will be rejected.*

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to entry into the program, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Thank you for applying to University City District's West Philadelphia Skills Initiative.
Please submit your completed application with your resume:

By Mail West Philadelphia Skills Initiative
 3801 Market Street, Suite 206
 Philadelphia, PA 19104

By Fax 267-233-7067

By Email wpsi@universitycity.org

Incomplete applications will not be accepted.
Applications submitted with resumes will receive priority consideration.