

Transportation Construction Apprenticeship Readiness Training, Referral and Intermodal Placement Program
T.C.A.R.T.

PROGRAM APPLICATION

For Office Use Only	
Host CBO:	Applicant #

Last Name	First Name	Middle Initial	
Address	City/State/Zip		
Home Phone	Cell Phone		
SS#	Date of Birth (dd/mm/yyyy)		
Email			

I have the legal right to work in the US. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No I received an honorable discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Indicate Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Indicate Race: <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 Other Pacific Islander <input type="checkbox"/> White

In case of an emergency contact:

Name:	Telephone	Relationship
EDUCATION	Name of School	City/State
Grammar		
High School/GED		
College		
Vocational		
Other		

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**Chicago
Urban League**



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EMPLOYMENT HISTORY		List your last three (3) employers			
Company Name, Address and Telephone	Date From - To	Position	Salary	Reason for Leaving	Currently employed
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Are you currently employed? Yes No If yes, what is your current monthly income? _____

Do you have other forms of income? Yes No Source and monthly amount: _____

Do you have a valid Driver's License Yes No

Driver's License Number _____ State Issued _____

Do you have a CDL? Yes No CDL License #: _____

Do you have access to reliable automobile transportation? Yes No

PROFESSIONAL EXPERIENCE

What training or experience do you have in any of these areas?			
Trade	Years/ Experience	Trade	Years/ Experience
Carpenter		Painter	
Cement Worker		Pipe fitter/Plumber	
Electrician		Other	
Equipment Operator			
Laborer			
Are you an: <input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman Union/Local Number _____			
Are you interested in skill craft training?			

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Have you ever been convicted of a crime? Yes No

If yes, please explain: (conviction does not exclude participation in this program)

Have you ever been treated for drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in a rehabilitation program now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an updated resume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to successfully pass a drug test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How did you hear about this Program?

<input type="checkbox"/> Website	<input type="checkbox"/> Church
<input type="checkbox"/> Television	<input type="checkbox"/> Community Organization
<input type="checkbox"/> Radio	<input type="checkbox"/> From a Friend
<input type="checkbox"/> A flyer/Ad	<input type="checkbox"/> Other _____

I, _____, authorize release of my personal information to The Chicago Urban League and its Partners. I also understand that The Chicago Urban League and its Partners enforce drug free policies and I agree to random drug testing.

I certify that the foregoing information provided by me in this application is true and correct to the best of my knowledge.

 Applicant Signature

 Date

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Notes:			

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