



**Chicago
Urban League**

4510 S. Michigan Avenue
Chicago, Illinois 60653
Phone: (773) 285-5800 / Fax: (773) 285-7772
info@thechicagourbanleague.org
www.thechicagourbanleague.org

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. ☐ Yes ☐ No	
Veteran: ☐ Yes ☐ No I received an honorable discharge: ☐ Yes ☐ No	Gender: ☐ Male ☐ Female
Indicate Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Indicate Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

In case of an emergency contact:

Name: Telephone Relationship

EDUCATION	Name of School	City/State	Graduate? Yes/No
Grammar			
High School/GED			
College			
Vocational			
Other			

WE COLLABORATE TO PROVIDE OPPORTUNITY



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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
					☐
					☐
					☐

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: ☐ Apprentice ☐ 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?	☐ Yes	☐ No
Are you in a rehabilitation program now?	☐ Yes	☐ No
Do you have an updated resume?	☐ Yes	☐ No
Are you able to successfully pass a drug test?	☐ Yes	☐ No

How did you hear about this Program?
☐ Website
☐ Television
☐ Radio
☐ A flyer/Ad
☐ Church
☐ Community Organization
☐ From a Friend
☐ 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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