



# St. Paul's Community Development Corporation Next Step Workforce Development Program



Center City Mall, Upper Level  
301 Main Street, Paterson, NJ 07505  
(973) 232-1339 (Office) / (862) 239-1037 (Fax)

## Application

Thank you for expressing an interest in St. Paul's CDC's **Breaking the Cycle Training Program**.

Please write clearly in **BLUE** or **BLACK** ink. Please do not hesitate to ask for help if needed to complete this application.

Date    /    / 2 0      

Last Name

First Name

Middle Name (if applicable)

Address

Apartment/Floor

City  State  Zip

Social Security Number

Date of Birth (example 01/01/1990)

Home Number

Cell Phone

**Emergency Contact Number**

**Contact Person**

Email

**In each section, please check all appropriate boxes.**

Sex:  Male  Female

Marital Status:  Single  Married  Divorced  Widowed

**In each section, please check all appropriate boxes.**

Ethnicity:

Are you Hispanic and/or Latino?       Yes       No       Not Specified

Race:

Black or African American       American Indian/Alaskan Native  
 White       Hawaiian Native or other Pacific Islander  
 Asian       Not Specified

Living Situation:

With Family/Friends       Halfway House       Own Residence  
 Homeless Shelter       Work Release Program       Other: \_\_\_\_\_

Are you currently employed?      Yes      No

Do you reside in low income/subsidized housing?      Yes      No

Do you receive TRA?      Yes      No

Is English the main language spoken in your home?      Yes      No

If no, what is the primary language spoken in your home? \_\_\_\_\_

Will communicating in English cause a problem at work or school?      Yes      No

Have you served in the U.S. Military?      Yes      No

If yes, what branch of the military? \_\_\_\_\_

Do you have a NJ Driver's License?      Yes      No

Do you have a CDL license?      Yes      No

Do you have a physical or learning disability?      Yes      No

If yes, please check off all items you completed?

Application       TABE Assessment

How were you informed about Passaic YouthBuild? (Check All That Apply)

Social Service Agency      If yes, please name: \_\_\_\_\_

Referral from Organization      If yes, please name: \_\_\_\_\_

Parole/Probation Officer      If yes, please name: \_\_\_\_\_

TV/Radio/Advertisement      If yes, please name: \_\_\_\_\_

Friend/ Family Member       Other: \_\_\_\_\_

**EDUCATION** (Circle one)

Do you have a GED? Yes No

Do you have a High School Diploma? Yes No

When you were in school, did you have an IEP (Individual Evaluation Plan) or were you diagnosed with a learning disability? Yes No

What was the last public/private school you attended? \_\_\_\_\_  
City, State \_\_\_\_\_

What was the highest grade you completed? \_\_\_\_\_ Number of years out of school \_\_\_\_\_

How Many Credits Completed? \_\_\_\_\_ Which Classes Completed? \_\_\_\_\_

What was your favorite subject? \_\_\_\_\_

Have you ever taken the GED examination? Yes No

If yes, what areas did you pass? (Circle all that apply.)

Math Reading Social Studies Writing Science

If you did not receive a GED or high school diploma, why did you leave school?

\_\_\_\_\_  
\_\_\_\_\_

Did you take any shop courses in school? Yes No

If yes, what courses did you take? \_\_\_\_\_

**HEALTH**

Do you:

- Need eyeglasses
- Use illegal drugs
- Smoke cigarettes
- Have allergies
- Have Diabetes
- Have asthma
- Have prescribed medication

Do you have any other physical, medical, mental or other health issues? Yes No

If yes, please specify: \_\_\_\_\_

**ARRESTS AND CONVICTIONS**

Have you ever been court involved? Yes No

Have you ever been arrested? Yes No

**ARRESTS AND CONVICTIONS cont.**

Have you ever been convicted/adjudicated of a crime? Yes No (Answer "yes" if you plead guilty to any charge.)

If yes, please list charges: \_\_\_\_\_

Have you ever been convicted/adjudicated of a sex crime? Yes No

Case Outcome (Circle all that apply)

Probation Fines Detention/Incarceration Other: \_\_\_\_\_

If you have ever been detained and/or incarcerated in a correctional facility, list name: \_\_\_\_\_

Are you currently on probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list Probation/Parole Officer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Reporting Day/Time: \_\_\_\_\_

**TRAINING AND WORK HISTORY**

Have you participated in any other work training program? Yes No

If yes, please specify program: \_\_\_\_\_

Do you have any construction experience? Yes No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a job before? Yes No

If yes, what was the last company you worked for? \_\_\_\_\_

When did you start there? \_\_\_\_\_ When did you leave? \_\_\_\_\_

What was your hourly pay? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

What were your job responsibilities? \_\_\_\_\_

Were you ever fired from a job? Yes No

If yes, please explain: \_\_\_\_\_

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By signing below, I state that the information provided on this application is accurate to the fullest extent of my knowledge. I understand that completion of this application does not guarantee admittance into the Breaking the Cycle's Energy Efficient Building Maintenance Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date