

# Career Pathways Program

## Participant Application

eliminating racism  
empowering women  
**ywca**  
St. Paul

\_\_\_\_\_  
Last Name First Name Date

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Phone Email Social Security Number

Career Pathway Track Applying for  CDL  Office Essentials  
Commercial Driver's License:  Class B  Class A

Staff Only: Entered in  
Apricot \_\_\_\_\_

### Demographic Information

This information is confidential and used for agency reporting purposes only.

Gender:  Male  Female  Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_ Racial/Ethnic Background: \_\_\_\_\_

Estimate of Weeks Unemployed in Last Year: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Country or State Born in: \_\_\_\_\_

### Employment/Student Information

Employment Status:  Full-time  Part-Time  Not Employed  Self-Employed

\_\_\_\_\_  
Last Position: Employer Name Occupation Hourly Wage

Are you a student?  Yes  No If yes, where? \_\_\_\_\_

Are you or members of your family current or past participants in any YWCA St. Paul programs or services?  
 Yes  No If yes, which program? \_\_\_\_\_

### Availability

Please indicate the times which you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

### Additional Information

Are there any medical and/or physical concerns to be considered in your participation?

Yes  No

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

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

Why are you interested in participating in the Career Pathways Training Program?  
\_\_\_\_\_  
\_\_\_\_\_



**Program Enrollment Questions**

Are you at least 18 years old?  Yes  No

Do you have a valid driver's license?  Yes  No

Can you read, write and speak English?  Yes  No

Do you have a High School diploma or GED?  Yes  No

Do you have a certified copy of your birth certificate?  Yes  No

Do you have a certified copy of a passport or green card?  Yes  No

Do you have a disability?  Yes  No

Are you a veteran?  Yes  No

Are you a U.S. Citizen?  Yes  No

If not, do you have the right to work?  Yes  No

Did you immigrate to the United States from another country?  Yes  No

What year did you enter the US? \_\_\_\_\_

Have you claimed unemployment in the past year?  Yes  No

Would you be willing to submit to a background check?  Yes  No

(CDL Only) Have you had DUIs in the past five years?  Yes  No

(CDL Only) Have you had two or more moving violations in the last two years?  Yes  No

(CDL Only) Have you had a valid driver's license for at least two years?  Yes  No

(CDL Only) Do you already have a Commercial Driver's License or permit?  Yes  No

What kind? \_\_\_\_\_

(Office Essentials Only) Are you comfortable using the computer?  Yes  No

(Office Essentials Only) Can you type at least 20 words per minute?  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Income Verification Form

All program participants are required to share income information to determine eligibility for Career Pathways Programming,

YWCA St. Paul, Attn: Career Pathways Manager, 375 Selby Ave, St. Paul, MN 55102  
Fax: (651) 222-6307 Phone: (651) 222-3741 Email: [careerpathways@ywcaofstpaul.org](mailto:careerpathways@ywcaofstpaul.org)

## Participant Information

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Full Name \_\_\_\_\_ Date \_\_\_\_\_

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Maiden Name/Previous Name \_\_\_\_\_ Maiden Name/ Previous Name \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone \_\_\_\_\_ Email \_\_\_\_\_

## Household Income Information

Do you receive any form of County assistance? (i.e. MFIP)  Yes  No

What kinds of assistance? (i.e. MFIP, GA, SNAP, etc.): \_\_\_\_\_

Annual household income: \$ \_\_\_\_\_ Number of people in household: \_\_\_\_\_

Who is in your household? \_\_\_\_\_

## Verification Authorization

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may be asked to provide additional documents to support my application. I will allow the YWCA St. Paul to seek verification from my sources of income, including government assistance, and understand that this information will be used only to assist in the determination of my eligibility in YWCA programs.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

## Submit this application form to:

YWCA St. Paul, Attn: Career Pathways Program, 375 Selby Ave, St. Paul, MN 55102  
Fax: (651) 222-6307 Phone: (651) 222-3741 Email: [careerpathways@ywcaofstpaul.org](mailto:careerpathways@ywcaofstpaul.org)

*Note: Selective Service Registration or documented exceptions to this registration must be verified to confirm eligibility for Career Pathways programming.*