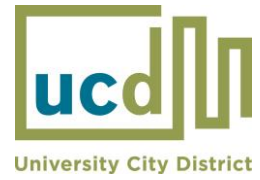


UNIVERSITY CITY DISTRICT
West Philadelphia Skills Initiative
Training Program Application – Landscaper



APPLICANT INFORMATION			
Last Name:		Today's Date	
First Name:		Middle 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	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law			
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

EMPLOYMENT HISTORY <i>Please tell us about your employment history, starting with your most recent position.</i>			
Company:		Phone: ()	
Full Address:		Supervisor's Name and Title:	
Hire Date: (MM / DD / YYYY)	Exit Date: (MM / DD / YYYY)	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: (MM / DD / YYYY)	Exit Date: (MM / DD / YYYY)	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 <i>What skills do you have that will make you successful in this program?</i>

STATEMENT OF INTENT <i>Why do you want to be in this program?</i>

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.
The application deadline is **March 13, 2015**. **Please submit your completed application with your resume:**

By Mail West Philadelphia Skills Initiative c/o CCP West Regional Center
4725 Chestnut Street, Room 112
Philadelphia, PA 19139

By Fax 267-299-5926

By Email wpscea@universitycity.org

Incomplete applications will not be accepted.
Applications submitted with resumes will receive priority consideration. Applications postmarked after this date will be not accepted. This application is good for 30 days only. Consideration for entry into subsequent programs requires that a new application be submitted.