

WEST VIRGINIA WOMEN WORK!
STEP-UP FOR WOMEN APPLICATION

Where did you learn of Step Up for Women? WorkForce Newspaper Radio Television Other
Step Up site closest to you: Eastern Panhandle North Central WV Kanawha Valley

CONTACT INFORMATION

Name: _____		Today's Date: _____	
Date of Birth: _____		Email: _____	
Address: _____		Phone: () _____	
City/ State: _____		Zip: _____ Cell: () _____	
Social Security Number: _____ - _____ - _____		Drivers License Number/State: _____	
Emergency Contact Name: _____			
Phone: () _____		Relationship to Applicant: _____	

PERSONAL INFORMATION

Do you own a car and it is available for your use? ____yes ____no	
If no, how do you plan on getting to class and/or work? _____	
Do you have dependants? ____yes ____no How many? _____ Ages? _____	
Do you currently or are you scheduled to receive Unemployment Compensation? ____yes ____no	
If yes, when will your UC benefits end? _____	
Are you a client of the WV Division of Rehabilitation Services? ____yes ____no	
Check all that apply:	
____ Single Parent	____ Head of Household
____ Displaced Homemaker	____ Veteran (If checked, elaborate in Employment Section)
Check all assistance you currently receive: <u>If None, Check Here:</u> _____	
____ Food Stamps: Total monthly benefit amount \$ _____	
____ TANF (government cash assistance): Total monthly benefit amount \$ _____	
____ SSI: Monthly total \$ _____ When did you first receive? Month/Year _____/_____	
____ SSDI: Monthly total \$ _____ When did you first receive? Month/Year _____/_____	
____ WIA: Total received to date \$ _____	
____ Veteran Benefits: Total monthly benefit amount \$ _____	
____ Medicaid: _____ Adult _____ Child(ren)	
____ Section 8 Rental Assistance/HUD: Total monthly benefit amount \$ _____	
____ Women, Infants, and Children (WIC): Total monthly benefit amount \$ _____	
My estimated income is: ____ below \$10,000 ____ \$10,000-\$25,000 ____ Above \$25,000	
My health is: ____ Good ____ Fair ____ Poor Date of last physical: _____	

If yes to any of the following, PLEASE EXPLAIN:

Do you have a physical or mental disability that you must consider when looking for a job?

____yes ____no

Have you ever been convicted of a felony? ____yes ____no

If yes, what were you charged with?

If yes, did your conviction result in incarceration? ____yes ____no

May we contact your parole officer? ____yes ____no

Name: _____ Phone: _____

Have you ever been convicted of a misdemeanor? ____yes ____no

If yes, what were you charged with?

CAREER GOALS AND QUALIFICATIONS

Why are you interested in enrolling in the Step Up For Women training program?

List trades skills that you have acquired through both paid and unpaid experience.

What type of job in construction do you plan on pursuing?

(carpentry, electrical, heavy equipment, painting, welding, highways, residential/commercial, union, etc.)

What would you like your life to be like a year from now? Include job, skills, home life, financial goals, etc.

Have you ever held a construction related job? ____yes ____no If yes, please describe.

Do you hold any licenses or have you received any awards? ____yes ____no If yes, please list.

EDUCATION

Have you earned your: HS Diploma ___ yes ___ no / GED ___ yes ___ no Year: _____

Name of school: _____ City/ State: _____

If no, last grade completed: _____ Are you interested in obtaining your GED? ___ yes ___ no

Check any of the following Math levels completed while in school:

___ Basic Math ___ Geometry ___ Other _____
___ Algebra ___ Trigonometry

List all vocational technical courses completed. Include course title, year completed, and school:

Have you taken any courses since high school? ___ yes ___ no

If yes, list all degrees and professional/ vocational certificates, year received, and school.

Are you currently a student? ___ yes ___ no If yes: ___ Part-Time ___ Full Time

School: _____ Major/Minor: _____ / _____

EMPLOYMENT HISTORY

Current Employment Status: ___ Employed Full Time ___ Part Time ___ Unemployed

Account for the past four years, including unemployment and homemaking.

List most recent jobs first and attach extra paper if needed.

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____ / _____ to _____ / _____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____ / _____ to _____ / _____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____ / _____ to _____ / _____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____/_____/_____ to _____/_____/_____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

Employer: _____ City/State: _____

Dates Worked (Month/Year to Month/Year): _____/_____/_____ to _____/_____/_____

Hours per week: _____ Amount (salary, per hr): \$ _____

Position and Duties: _____

Reason for leaving: _____

LIST ALL MILITARY SERVICE

Dates (From – To)	Branch of Service	Rank and Duties

Use the remaining space to provide any other information that you feel makes you a good candidate to participate in the Step Up for Women training program.