

# Hawaii Job Challenge Application

## Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male,  Female SS#: XXX-XX-\_\_\_\_\_

Race/Ethnicity:+-

African American/Black  American Indian or Alaskan Native  Asian  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  White/Caucasian  Multi-Racial

Have you ever attended or worked at an educational institution under a different name?  Yes  No

If yes, provide other name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Which of the following best describes your current housing status?  Stable  Temporary  Homeless

Personal Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Facebook Name: \_\_\_\_\_ Email address: \_\_\_\_\_

If under 18 years old: Parent/Guardians full name: \_\_\_\_\_

Parent/Guardians contact number: \_\_\_\_\_

Preferred contact methods:  Call,  Text,  Email,  Facebook (name \_\_\_\_\_)

Have you ever served in the military?  Yes  No

Is any member of your immediate family an active or retired military member?  Yes  No

Do you have any relatives or significant others employed by Hawaii Job Challenge Program or Hawaii Youth Challenge Academy?  Yes  No

Would you bring a cell phone to the program?  Yes  No

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

Are you interested in getting your Drivers Permit (under 18)?  Yes  No

Are you interested in getting your Driver's License (18 and over)?  Yes  No

## Health & Wellness:

Do you have health insurance (Must have)?  Yes  No

Do you have a medical insurance card?  Yes  No

Do you have any health concerns?  Yes  No

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

Have you ever been admitted to a psychiatric hospital?  Yes  No

Have you undergone a psychological evaluation in the past three years? Yes No  
 Do you have any children? Yes No  
 Do you have any siblings? Yes No  
 Have you ever been adopted, in Foster Care or involved with DHS? Yes No

If yes, please explain and include the date(s): \_\_\_\_\_  
 \_\_\_\_\_

**Uniform Sizes:**

Shirt Size?

XS,  S,  M,  L,  XL,  2XL,  3XL,  4XL,  5XL, Other: \_\_\_\_\_

Pant Waist Size?  XS (24-26)  S (28-30)  M (32-34)  L (36-38)  XL (40-42),  2XL (44-46),  3XL (48-50),  
 4XL (52-54),  5XL (56-58), Other: \_\_\_\_\_

Pant Length?  Short (Inseam 30"),  Regular (32")  Long (34"), Other: \_\_\_\_\_

**Education:**

What year did you graduate from Youth Challenge Academy? \_\_\_\_\_ What was the cycle #? \_\_\_\_\_

Which Campus (Hilo or Kalaeloa)? \_\_\_\_\_

If you have taken the ASVAB test, what was your highest score? \_\_\_\_\_ Last date you took test? \_\_\_\_\_

Do you have a high school diploma? Yes No Are you pursuing a diploma? Yes No

Do you have a HiSET? Yes No Are you pursuing a HiSET? Yes No

If pursuing a HiSET, what sections have you passed? Math Language Science Social Studies

What was your Score for each? Math \_\_\_\_\_ Language \_\_\_\_\_ Science \_\_\_\_\_ Social Studies \_\_\_\_\_

**Number the following career choices as your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> interest in order of desire:**

PRIMARY PATHWAYS	SECONDARY PATHWAYS
Construction	Forklift Operator Training
Certified Nurse Assistant	UAV Drone Camp
Medical Assistant	Small Engine Repair
	TEEN CERT
	Natural Disaster Preparedness Training
	Real Estate Course
	SERVSAFE
	Hawaii Driver's Permit Exam
	Hawaii Driver's Education

**\*Be advised, trade availability may change**

**Employment:**

Provide details of your employment history below: (You may substitute an attached resume)

Company	City	Begin Date	End Date	Salary	Reason for Leaving

If not a U.S. Citizen, can you provide verification of your legal right to work in the U.S.? Yes No

Have you ever been disciplined, suspended, or discharged from a position? Yes No

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

**Legal/Court Involvement:**

Have you ever been convicted of a felony Yes No, or a misdemeanor? Yes No

Do you have any misdemeanor or felony charges pending (including delayed sentence, suspended sentence, or diversion program)? Yes No

Have you ever been involved in any court action or in a courthouse for any reason? Yes No

Have you ever been arrested/handcuffed/detained by a police officer for any reason? Yes No

Have you ever had anything expunged from your record? Yes No

Have you ever been expelled or removed from school grounds by authorities? Yes No

If you answered yes to any of the above Legal/Court Involvement questions, please explain each incident:

(Answering yes does not eliminate your eligibility for the Job Challenge Program)

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

**Legal/Court Involvement (continued...)**

Are you or were you ever on probation, a consent calendar, or in the HYTA Program? Yes No

If yes to the above, please provide the following:

Probation Officer's Name: \_\_\_\_\_

Probation Officer's Phone #: \_\_\_\_\_

State and County of Conviction/Arrest: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Specific Charges: \_\_\_\_\_

Date of Release from Probation or Projected Date: \_\_\_\_\_

Community Service Hours Levied/Performed: \_\_\_\_\_

### Terms and Conditions of Acceptance

*I hereby consent to having a physical examination or test(s) conducted by Hawaii Job Challenge Program designee, including but not limited to, drug and/or alcohol testing, and understand that any refusal requires automatic dismissal. Any offer of acceptance is contingent upon the results of this examination(s) and/or test(s).*

*If I am accepted, I understand that additional personal data will be required for determination of eligibility and for statistical purposes.*

*I will abide by all policies, rules, and regulations, as amended from time to time, of the Hawaii Job Challenge Program, in my application and in the other materials I have submitted are true and complete. I understand that any false, misleading, or incomplete information could result in disqualification from the Hawaii Job Challenge Program if an offer has been made and accepted.*

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

(If Applicant is under 18)

By signing, you give permission for the Hawaii Job Challenge Program to conduct an background check on the applicant listed above.

\_\_\_\_\_  
**Parent/Guardian/18-year-old signature**

\_\_\_\_\_  
**Date**

Printed name and relationship to applicant: \_\_\_\_\_