

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: _____

Mailing 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 (username _____)

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: _____

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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 Size: XS | S | M | L | XL | 2XL | 3XL | 4XL | 5XL | Other: _____

Short Size: XS | S | M | L | XL | 2XL | 3XL | 4XL | 5XL | Other: _____

Shoe Size: Women _____

Shoe Size: Men _____

Education:

What year did you graduate from Youth Challenge Academy? _____

What cycle or class #? _____

Which Campus (Hilo or Kalaehoa)? _____

Have you taken the ASVAB? 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 _____

Individualized Education Program (IEP): Yes No

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Please list your top (3) pathway choices starting with your primary as (1) followed by your 2nd and 3rd choice.

| PRIMARY PATHWAYS | PRIMARY PATHWAYS (CONTINUED) | SECONDARY PATHWAYS |
|---|-----------------------------------|--|
| Body Sculpting | Certified Nurse Aid (CNA) | Fitness & Nutrition (certificate) |
| Permanent Makeup | Phlebotomy Technician | Gourmet Cooking (certificate) |
| Facial | Medical Billing & Coding | Small Engine Repair (certificate) |
| Aesthetic Medical Assistant | Medical Administrative Assistant | Forklift Operator |
| Barber | Hotel & Restaurant Management | UAV Drone |
| Construction | *Event Planner | (*) INDICATES THAT THIS IS A CAREER DIPLOMA COURSE |
| Plumber | *Interior Decorator | |
| *HVACR Technician | *IT Support Specialist | 1st Choice: |
| *Diesel Mechanics/Heavy Truck Maintenance | CompTIA A+ Security+ Network+ | 2nd Choice: |
| *Automotive Repair Technician | *Veterinary Assistant | 3rd Choice: |
| Towing | *Child Care Professional | |

Employment:

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

| Company | City | Start 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: _____

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Legal/Court Involvement:

Have you ever been convicted of a felony 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)

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: _____

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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: _____ Date: _____

Signature: _____

(If Applicant is under 18)

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

Parent/Guardian/18-year-old signature

Date

Printed name and relationship to applicant: _____