



Established 1965

# YouthBuild Application

Date		Social Security Number	Date of Birth
Name (First, Middle, Last)			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address	Mailing Address	Primary Phone	
City, State, Zip Code	City, State, Zip Code	Secondary Phone	
County of Residence	Selective Service Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <small><i>if under 18 or female</i></small>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Separated <input type="checkbox"/>	
Emergency Contact Name/Relationship:	Address:	Phone:	
Race:			
Native American/Alaskan Native <input type="checkbox"/>		Asian <input type="checkbox"/> African American <input type="checkbox"/>	Hawaiian Native/ Pacific Islander <input type="checkbox"/>
Caucasian (White) <input type="checkbox"/>		Hispanic/Latino <input type="checkbox"/>	Other _____ <input type="checkbox"/>
United States Citizen  Yes <input type="checkbox"/> No <input type="checkbox"/>	If No: INS Alien Document Number  Expiration Date: _____	If No, Is Applicant eligible for Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>  Visa #: _____	
Is English the Applicant's First Language: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List:: _____	Place of Birth:  _____ City, State, Country	If Native American: Tribe _____  Does Applicant have CDIB Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Individual with a Disability  Yes <input type="checkbox"/> No <input type="checkbox"/>	Information regarding Disability:	Does Applicant have a current Department of Rehabilitation Services Case? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Applicant need supported employment services? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does Applicant Require any Adaptive Equipment to assist with Employment or Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:	
Felony Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	Misdemeanor Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	Drivers License State Issued _____ DL # _____ Expiration Date _____	
Number of People in Household	Is Applicant a Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Single Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Applicant Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Applicant Dependents
<input type="checkbox"/> Bio-Parents <input type="checkbox"/> Bio-Mother <input type="checkbox"/> Bio-Father <input type="checkbox"/> Legal Adult (18 & ↑)	<input type="checkbox"/> Grandparent/Grandparents <input type="checkbox"/> DHS Custody/ Foster Care <input type="checkbox"/> Juvenile Probation Services <input type="checkbox"/> Legal Guardian other than Bio.	<input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Protective Services	

Please List ALL Members in Your Household

1		
2		
3		
4		
5		
6		

Medicaid Participant Yes <input type="checkbox"/> No <input type="checkbox"/>	DHS Assistance	DHS Caseworker
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Housing Status Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>	Has Applicant Ever Been Enrolled In Job Corps? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Receiving HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>
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- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Educational Counseling<br><input type="checkbox"/> Alternative School Services<br><input type="checkbox"/> High School Proficiency Tutoring<br><input type="checkbox"/> Jr. High School Proficiency Tutoring<br><input type="checkbox"/> Adult Education and Literacy Activities<br><input type="checkbox"/> Needs Work Experience<br><input type="checkbox"/> Child Care Assistance<br><input type="checkbox"/> Family Counseling<br><input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Occupational Skills Training<br><input type="checkbox"/> Job Readiness Training<br><input type="checkbox"/> On the Job Training<br><input type="checkbox"/> Skill Upgrade/Retraining<br><input type="checkbox"/> Summer Employment Opportunities<br><input type="checkbox"/> Internship<br><input type="checkbox"/> Adult Mentoring<br><input type="checkbox"/> Leadership Development<br><input type="checkbox"/> Entrepreneurial Training<br><input type="checkbox"/> Alcohol & Drug Counseling | <input type="checkbox"/> TANF Exhustee<br><input type="checkbox"/> Pregnant<br><input type="checkbox"/> Parenting Teen<br><input type="checkbox"/> Victim of Domestic Violence<br><input type="checkbox"/> Homeless/Runaway<br><input type="checkbox"/> One or more of applicants parents received welfare assistance<br><input type="checkbox"/> Learning Disability<br><input type="checkbox"/> Poor Work History | <input type="checkbox"/> Foster Youth<br>Year _____ State _____<br><input type="checkbox"/> Gang Affiliation<br><input type="checkbox"/> Transportation Issues<br><input type="checkbox"/> At Risk of Dropping out of School<br><input type="checkbox"/> HS Grad with Difficulty Completing an Educational Program<br><input type="checkbox"/> HS Grad with Difficulty Obtaining Employment<br><input type="checkbox"/> One or more parents are incarcerated |
|--|--|---|--|

Name of School Attending or Last Enrolled In	Last Grade Completed	School Drop Out Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for Drop Out:

High School Graduate/GED Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Employment Difficulties Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Basic Skills Deficit Yes <input type="checkbox"/> No <input type="checkbox"/>
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Branch of Service _____ Service from _____ to _____	<input type="checkbox"/> Veteran Status: <=180 <input type="checkbox"/> Veteran Status: > 180 <input type="checkbox"/> Recent Separation <input type="checkbox"/> Campaign Veteran	<input type="checkbox"/> Vietnam-era <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled
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Spouse of any person who died on active military duty or of a military service-connected disability		
Spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability		
Spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability		
Spouse of any member of the Armed Forces serving on active duty who at this time of this registration is in any one or more of the following categories:		
Missing in Action		
Captured in the line of duty by a hostile force:		
Forcibly detained or interned in the line of duty by a foreign government or power		

Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Does Applicant have any previous Work History? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Applicant Worked In a Subsidized Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Weeks Not employed _____	UI Claimant Yes <input type="checkbox"/> No <input type="checkbox"/>	

Dates Worked (Month/Date/Year) _____ to _____	Company _____	Job Title _____
Address _____	Supervisor _____	Hours Worked Per Week _____
City, State, Zip Code _____	Phone Number _____	Wage/Salary _____
Reason for Leaving _____	Duties _____	

Dates Worked (Month/Date/Year) _____ to _____	Company _____	Job Title _____
Address _____	Supervisor _____	Hours Worked Per Week _____
City, State, Zip Code _____	Phone Number _____	Wage/Salary _____
Reason for Leaving _____	Duties _____	

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Address _____	Supervisor _____	Hours Worked Per Week _____
City, State, Zip Code _____	Phone Number _____	Wage/Salary _____
Reason for Leaving _____	Duties _____	

List any Certifications, Special Skills or Areas of Interest

**Referred By**



## EQUAL OPPORTUNITY STATEMENT

### EQUAL OPPORTUNITY IS THE LAW

26 CFR Sec. 37-30

**It is against the law for a recipient of federal financial assistance to discriminate on the following basis:**

- ↔ Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief and;
- ↔ Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's Citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

**The recipient must not discriminate in any of the following areas:**

- ↔ Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- ↔ Providing opportunities in, or treating any person with regard to, such a program or activity; or
- ↔ Making employment decisions in the administration of, or in connection with, such a program or activity.

#### *WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION*

If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- ↔ The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or
- ↔ The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC Complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient.)

If the recipient does give you a written Notice of Final Action in your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

#### **Assurance Statement**

As a condition to the award of financial assistance from the Department Labor, under Title I of WIA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- ↔ Title VI of the Civil Rights Act of 1964
- ↔ Section 504 of the Rehabilitation Act of 1973
- ↔ The Age Discrimination Act of 1975
- ↔ Title IX of the Education Amendments of 1972

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature if Under 18

\_\_\_\_\_  
Date

Field Office/Region:	_____
County:	_____
Program/Activity:	_____



**HELP-New Mexico, Inc.**  
 Workforce Development Division  
 Authorization for Release of Information

Applicant Name \_\_\_\_\_  
 Last First MI

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

I, (we) hereby authorize HELP-New Mexico, Inc. to receive and or release all available information contained in my file and/or employment records for the sole purpose of providing me with jobs/school placement and assistance.

_____	_____
Applicant signature	Date
_____	_____
Parent/Legal Guardian Signature (if a minor)	Date

Office Use Only	
_____	_____
Office Staff Signature	Date





# Help-New Mexico, Inc. Workforce Development Division Grievance Procedure

Field Office/Region:	_____
County:	_____
Program/Activity:	_____

HELP-New Mexico, Inc. must provide access to federally funded programs and must not discriminate:

Against any individual, on the basis of race, color, religion, sex/gender, sexual orientation, national origin, age, disability, political affiliation or belief.

Against any beneficiary of programs, financially assisted under Title I of the Workforce Investment Act 1998 (WIA), on the basis of the beneficiary's citizenship/status.

Against any lawfully admitted immigrant authorized to work in the United States.

If you believe that you have been discriminated against, use the following procedure for filing a grievance, in accordance with HELP-New Mexico, Inc. Affirmative Action Plan. Policies and procedures are available at HELP-New Mexico, Inc. offices upon request.

1. You may request assistance in filing the grievance. The grievance will be submitted to the Division Director at 5101 Copper, NE, Albuquerque, NM 87108. The grievance will be reviewed and a decision will be made within 5 days by the Division Director.
2. If you are not satisfied with the Division Director's decision, you have 10 working days to file an appeal after receiving the decision, to HELP-New Mexico, Inc. Executive Director, who will respond in writing within 5 working days after receiving your appeal.
3. If you are not satisfied with the Executive Director's decision, you have 5 working days to appeal to HELP-New Mexico's Board of Directors, who will respond in writing within 10 working days of receiving the decision. The decision made by the board is final within the HELP-New Mexico, Inc. organization.
4. If you are not satisfied with the decision of HELP-New Mexico, Inc. Board of Directors, you have the right to file a complaint through channels outside of HELP-New Mexico, Inc. Your complaint must be filed within 180 calendar days from the date of your allegation. For additional information you may contact the Human Resource Officer at HELP-New Mexico, Inc. office located at: 5101 Copper, NE, Albuquerque, NM 87108, (505) 265-3717.

## CERTIFICATION

Participant Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date

Are you or any member of your household related to any employee of HELP-New Mexico, Inc. or its Board of Directors or Policy Council members, etc.?

Yes

No

Explain \_\_\_\_\_

Are you a current or past employee of HELP-NM, Inc.?

Yes

No

Explain \_\_\_\_\_

I have read and fully understand the procedure to be implemented in case I feel that I have been unfairly treated or discriminated against. I further understand that if I'm related to any member who is employed with HELP-New Mexico, Inc. or its Board of Directors or Policy Council members, I may or may not be eligible to receive services or receive training services provided by the agency depending on the relationship.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Field Office Staff Signature

\_\_\_\_\_

Date

## HELP-New Mexico's YouthBuild Information Sheet

WHAT YOU CAN EXPECT NEXT...

- 1. COME TO YOUR INTERVIEW:** Please be on time and ready to participate. The ideal YB student will demonstrate that s/he is mature, ready to learn, responsible, and eager to participate in our school. The interview will take approximately 30 minutes, and all applicants are encouraged to dress professionally.
- 2. TURN IN THE NECESSARY DOCUMENTS:** The documents indicated on the document sheet must be submitted for admittance to YouthBuild.
- 3. BE INVITED TO MENTAL TOUGHNESS:** Applicants who have attended orientation, completed the interview process, submitted the required documents to enroll in school, and are drug-free will be invited to attend Mental Toughness class. In order to be eligible to enroll in YouthBuild, applicants must attend the full week of Mental Toughness and arrive on time every day. Applicants who do not attend the full week or arrive late will not complete the application process and will have to reapply next year.
- 4. CALL IF YOU HAVE QUESTIONS:** Call us if you have general questions about this process at 505-753-7181

***Remember:** YouthBuild is a program that is based on doing construction work in order to rebuild our community. Even if you do not plan to have a career in construction, you will be expected to attend construction training as part of the program. It is important to consider your interest in this field to determine if this is the program that best suits your needs and interests.*