

YOUR CAREER UNLEASHED



Full Name: _____ Date of Birth: _____

Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Education

Last school attended (*name and city*): _____ County: _____

Last year attended: _____ Did you graduate? YES NO Level completed: _____

Other schools/classes/programs you have attended: _____

Work/Community Experience

Last employer: _____ Position: _____

Start date: _____ End date (*if applicable*): _____ or still employed? (*circle one*) YES NO

Please describe your work experience: _____

Have you worked as a volunteer? (*circle one*) YES NO

Please comment on your volunteer experience: _____

Professional Goals

Do you want to work? _____ Why? _____

What is your ideal job? _____

What are your career goals? _____

Work Readiness and Availability

Typically a work shift is 4 – 8 hours. Please check all shifts that you would be able to work:

2 hours _____ 4 hours _____ 6 hours _____ 8 hours _____

Day shift _____ Evening shift _____ Either day or evening shifts _____

A work week can be 20 hours (part-time) or up to 40 hours (full-time). Please check all schedules you would be able to work in a week:

10 hours _____ 20 hours _____ 30 hours _____ 40 hours _____

Comments: _____

What type of work environment do you prefer? (*check all that you would be comfortable with*):

Office _____ Warehouse _____ Retail _____ Outdoor _____

Very Quiet _____ Quiet _____ Moderate Noise _____ Loud Noise _____

Low customer contact _____ High customer contact _____

Working alone _____ Working with a team _____

Health and Safety

How would you describe your living environment?

Do you have any food, environmental, medical or other allergies? (*circle one*) YES NO

If Yes, please specify: _____

Please share your medical diagnosis as it relates to your disability: _____

Please specify your medications: _____

Will you need to take any medications at YCU? (*circle one*) YES NO

Can you administer your medications independently? (*circle one*) YES NO

Please share any other health-related information that may be relevant to your employment or accommodations:

Transportation

What kind of transportation do you have available? Personal Transport, MARTA, MARTA Mobility, UBER, etc.?

Personal

Are you your own legal guardian? (circle one) YES NO

If NO, specify your legal guardian: _____ Adjudication Date: _____

Have you ever been convicted of a felony? (circle one) NO YES

If the answer is yes, please provide the dates and details of the charge(s):

Tell us about YCU and YOU!

How did you learn about YCU? (check one) _____ Mister Migs website _____ School _____ Agency
_____ Personal Reference _____ Community Event _____ Referral _____ Other

Please specify: _____

Why do you think YCU can help you meet your goals? _____

How will you pay for your tuition to YCU? _____

Will you need financial assistance? (circle one) NO YES

If yes, please specify: _____

Please bring this completed application to your interview.

You may also include letters of reference, certifications, honors and awards that you would like to be considered as part of your application. Admission is a selective process and meeting minimum requirements does not necessarily guarantee acceptance.

All applications must be made in person. Contact our Resource Specialist to schedule your interview: 770.670.6958 or at getinvolved@ycuatlanta.org

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE (IF APPLICABLE): _____ DATE: _____

THANK YOU FOR APPLYING TO YCU!

