POTRERO HILL CONSTRUCTION COLLECTION

Preparation for Placement

- Work Readiness
- Skill Building
- Training Stipends

- On The Job Training
- Construction Employment

Recruitment Sessions

(Outdoor, Socially Distanced)

Citybuild's Spring Enrollment

(Drop your completed application at one of the below locations:)

Young Community Developers

MONDAY February 8

@ Missouri bwtn Watchman & Turner3-5pm

Potrero Neighborhood House

WEDNESDAY February 10

@ 953 De Haro 3-5pm

Urban YMCA

FRIDAY February 12

@ 129 Dakota 3-5pm



Potrero Hill Neighborhood House (NABE)





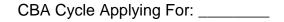






CityBuild





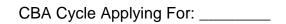


CityBuild Academy Application

Application Disclaimer:

Providing some of the listed questions are *OPTIONAL*. It is used for reporting and demographic purposes only. Therefore, it is provided by the applicant on a voluntary basis.

Client Inform	nation												
First Name					Middle Initial			La	st Name				
Gender Identity	☐ Fema ☐ Male	le	_	☐ Trans F ☐ Trans N			☐ Gend☐ Other:		n-binary		_ □ □	ecline to Sta	ate
Last 4 SSN	хх	X-X X				Da	te of Birth						
Address			_				_	·	Email				
City				Sta	te	Zi	ip Code			Pub	lic Housing or Section 8	1 1 1 2 2	s 🗆 No
Phone Number						Mobil	le Number						
Do you have one or both of the following:	Gov	d Driver's L ernment ID			Langua Assistand		☐ Yes ☐] No	If Ye	es, Please Identify			
Services Red	queste	d											
I am seeking th	ne followin	g: 🗆 Un	ion Consti	ruction Re	eferral 🗆	Seekii	ng Sponsor	ship	□ Cityl	Build Acade	my Training	☐ Recertific	ation
I am interested i OEWD Sector Ti		□ TechSF	□ Hea	llth Care	□ Hospitali	ty					sted program or CalWorks:	□ Yes I	□ No
Demographi	CS Provi	ding den	nographi	ic inforn	nation is <u>O</u>	PTIC	DNAL. It	is use	ed for re	eporting a	nd statistical	purposes	only.
Race/Ethnicity (Mark <u>All</u> that apply)		merican In Isian Black or Afri			ve	_	Caucasian Hispanic o				iddle Eastern ative Hawaiian o	or Other Pac	ific Islande
Highest Education Level	For e	Grad e highest g example: 1: School Dip	ırade comp 1 th Grade)	pleted.	GED or E Certificat Other Po	e of A	ttendance/0			Ba	ssociates Degre achelor's Degre egree Beyond a MA, MS, MBA)	e or Equival	ent (BA, B egree
Former Foster Youth		Yes [] No		Veter	an?	☐ Yes		No E		g Homeless or rly Homeless?		s □ N
Total Household Size	#		Depend Und	dents ler 18	#	Но	usehold Type			_	Single Parent ts No Children	☐ Two Pa	
Training/Em	ployme	ent Info	rmatio	n									
Currently in Sch	nool	□ Yes □	□ No				n School ttending						
Construc Experie		□ Yes [□ No	Tra	de		•			Le	31/0	re-Apprentic	
Have you been Construction Ur		□ Yes [□ No	L	If Yes, Wha Local Union								
Vocational Train	ning			(Certifications	s							
Primary Mod Transporta		□ Bike		Bus	□ Car		Are you w	villing	to comm	ute out of	SF?	Yes □ No	
Do you have h	nolds on ye er's Licens		□ Y	res □	l No								





CityBuild Academy Application

Do you have anyth perf		□ No If y	es, please explain				
Do you req	uire any special accommodati	ons	l No	Туре			
Work Experie	nce Please list your <u>most rece</u>	<u>nt</u> job					
Job Title			Fr	om		То	
Employer				Supervisor			
Job Type			Pho Num			Wage	
Description of Duties							
Reason for Leaving	□ Currently Working □ Temporary □ Quit □ Found New Job □ Laid Off □ Moved □ Dismissed □ Other:						
Emergency C	ontact						
In case of an injury	, will you allow us to provide f	or emergency med	ical treatmen	t?		□ Yes	□ No
If no, please explai	n						
In cas	e of an emergency please pro	vide the name and	telephone nu	mber of a re	ative or frie	nd not living	with you
Name			Ph	one Number			
I hereby certify that, to the best of my knowledge, the I understand this information Name (Print): Signature f under the age of 18, please provide parental conser				ect to verific	ation.		d correct.
Parent Name (I	Print): Only:	Si	gnature: _			D	ate:
TABE Score	es Math:	English:		Applied Math: Language:			inguage:
Completed IE	EP □ Yes □ No	Referred to Cityl	Build by				



CityBuild Academy Application

I hereby authorize and give consent:		
To have my picture taken for program publicity or for program identification	☐ Yes	□ No
To be filmed or videotaped for program publicity purposes only	□ Yes	□ No
I declare that no member of my family is engaged in an administrative capacity for the Office or Economic & Workforce Development (OEWD). Workforce investment of San Francisco (WISF) Board, or any of the other participating agency, as well as other officials who may have influence or control over the administration of the program (such as executive director, director, president, vice-president and unit chiefs, persons who have selection, hiring, placement or supervisory responsibilities for participating agency systems) excluding economically disadvantaged members of the OEWD, WISF, or other participating agency	□ Yes	□ No
I understand that if any of the information I have supplied is found to be inaccurate (And I understand and consent that some or all of it may be verified) I am be faced with these consequences	□ Yes	□ No
A. Immediate termination from my internship, work or training;		
B. Possible civil or criminal prosecution;		
C. Requirement to pay back all funds I have received and to reimburse all cost incurred on my beh	alf	
I declare under penalty of perjury that the foregoing statements on this application correct to the best of my knowledge.	are true an	d
		nd
correct to the best of my knowledge.		nd
Name (Print) Signature of Applicant		nd
Name (Print) Signature of Applicant Executed in the City & County of San Francisco, State of California		nd