

Metropolitan Camden Habitat for Humanity
Construction Trades Training Program Application

Date: ____/____/____

PERSONAL INFORMATION

Name:		
Social Security Number:	_____ - _____ - _____	
Date of Birth:	____ / ____ / _____	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Current Address:	_____ Apt: ____ City: _____ ST: _____ ZIP: _____	
Home Phone:	(____) _____ - _____	
Mobile Phone:	(____) _____ - _____	
Current Email Address:		
Valid Driver's License:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Drivers License # _____ ST: ____ If No, explain: _____ _____	

EDUCATION

Check the highest level of education you have completed:	Grammar School <i>only</i> _____
	Graduated High School: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, # Years Completed _____
	Technical School – trade studied _____ Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT

Name of Employer (#1):	
Dates of Employment:	Start: ____ / ____ / ____ End: ____ / ____ / ____
Hours Work Per Week:	
Title and Duties:	
Reason for leaving:	
Supervisor Name:	
Name of Employer (#2)	
Dates of Employment:	Start: ____ / ____ / ____ End: ____ / ____ / ____
Work Hours Per Week:	
Title and Duties:	
Supervisor Name	

Why do you want to join this program?

SKILLS AND EXPERIENCE			LEGAL	
Do you have any prior experience in the following?	Yes	No		
Framing			Have you ever been convicted?	___ Yes ___ No
Roofing			Juvenile Offender?	___ Yes ___ No
Finish Carpentry/Door Installation			Under Charge?	___ Yes ___ No
Kitchen Cabinet Installation			On Probation or Parole?	___ Yes ___ No
Vinyl Siding & Windows				
Drywall				
Masonry Work				
Demolition				
Painting/Staining				
Insulation				

REFERENCE(s) *(leave blank at this time)*

COMMITMENT

If I am accepted into the CCTP I agree to the following: *Read each statement and initial each one.*

I am seriously interested in learning the construction building trades through this program. ___

I will be ready to learn skills on the job. ___

I agree to act safely and responsibly. ___

I will comply with the MCHH drug and alcohol policy. ___

I understand that it typically takes 12 or more months to complete the program. ___

I will be available for training 40 hours per week, Tue thru Sat, starting at 7:30AM. ___

I will report on time, every day. ___

I understand that if I fail to keep the above commitments, it will be just cause for my dismissal. ___

I understand that my status will be that of a trainee, not an employee. ___

I understand that I will not receive a paycheck, only a stipend of \$25 per day for my support. ___

Signature

Date

RETURN COMPLETED APPLICATION BY EITHER OF THE FOLLOWING:

by Fax: (856) 963-9005 by Mail: P.O. Box 3311 Camden NJ 08101 or Drop off at our office: 650 Clinton Street Camden NJ 08103