

SUCCESS SERIES APPLICATION

Applications may be submitted by fax (510) 452-4502 fax or e-mailed to claurentine@wardrobe.org



CONTACT INFORMATION

Name: _____ Phone (cell) _____

Email: _____ Phone (home) _____

Address: _____

City, State, Zip: _____

Today's Date: _____

EMPLOYMENT INFORMATION

What is your employment status (Check all that apply) ?

- | | | |
|---|---|---|
| <input type="checkbox"/> Unemployed and Looking | <input type="checkbox"/> Employed Part-time | <input type="checkbox"/> Employed Full-time |
| <input type="checkbox"/> Employed Temporary | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Employed as a contractor |

Job Title _____ Employer _____

Wage _____ Hours Worked Per Week _____

DEMOGRAPHIC INFORMATION (CHECK ALL THAT APPLY)

(used to track trends as required by our funders)

1. Living situation

- Owned Private Residence
- Rental
- Shelter
- Temporary

2. Household Size:

3. Gender:

- Woman
- Man
- Other: _____

4. Birthdate:

5. Highest Level of Education

- Less than high school
- High school/GED
- Vocational School
- Some College
- AA Degree
- Bachelor's Degree
- Graduate Degree



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6. Ethnicity

- African-American
- Asian
- Caucasian
- Latino/Hispanic
- Native American
- Middle Eastern
- Pacific Islander
- Other

7. Other Information

- Disabled
- Formerly Incarcerated
- Receiving Govt. Assistance
- Homeless
- Single Parent
- Veteran
- Immigrant
- Refugee
- Survivor of Domestic Violence
- Former Foster Youth
- None

APPLICATION QUESTIONS: (please feel free to attach additional sheets of paper)

1. **What are the biggest challenges you face in your job and career growth?**

2. **What is your ideal career or job? Where do you see yourself in five years?**

3. **What do you hope to get out of this program? Why do you want to participate?**

4. **What type of training do you receive from your employer (e.g., certifications, skills training, etc.)?**

Please attach your resume to your application.

